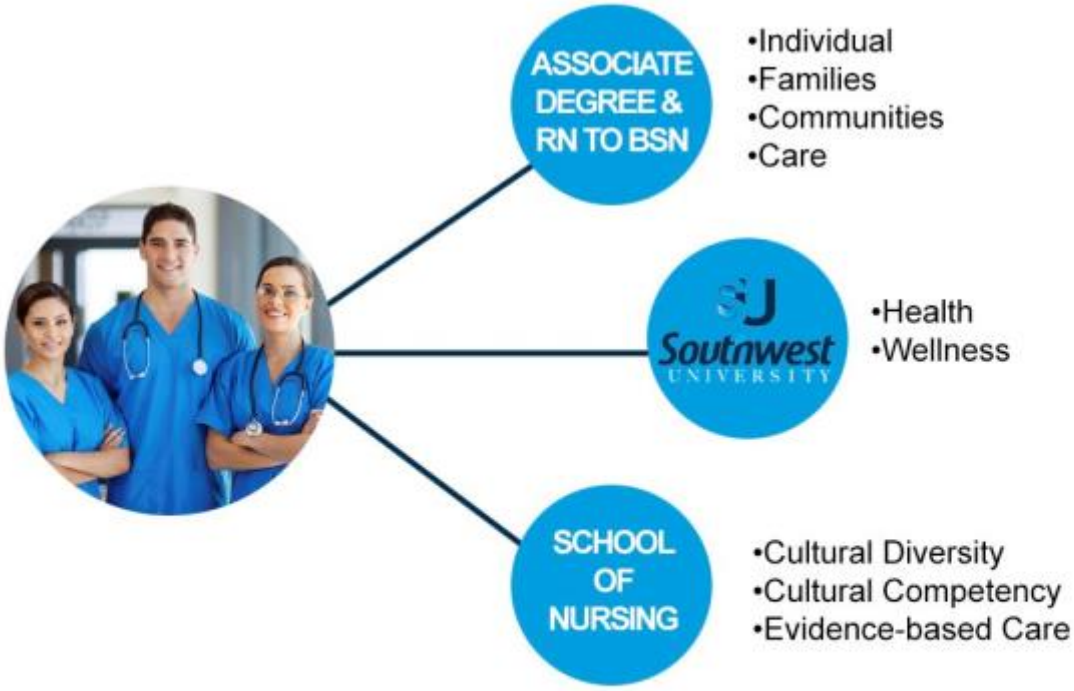

"Meeting the healthcare needs of a diversely populated community through the development of qualified nursing professionals"

Nursing Faculty Handbook 2017 – 2018 Southwest University at El Paso

(Nursing Faculty Handbook is a companion to the existing SUEP Employee Handbook)

Nursing Faculty Orientation Checklist

Faculty Member Name: _____ Date Hired: _____

Checklist	Completion date
Human Resources File Complete Curriculum Vitae and/or resume Fingerprints and/or Drug Testing Transcript	
Registered Nurse Online Verification	
BON License, CPR, PPD, FLU, Immunizations Copy of Curriculum Vitae and/or resume Create a TBON Faculty Profile	
Orientation to classroom and instructional support (IT) Computer workstation and telephone Moodle Room based Learning Management System (SU Learning) Access Email Access Copier access code Workstation supplies	
Campus Orientation/Tour Administration Introduction Enrollment Services – picture ID card Library – orientation and introduction	
Nursing Coordinator Briefing – teaching assignment and schedule New Faculty Orientation Handbook Student Handbook Mentor Faculty Evaluation Process SUEP Staff Roaster	
Dean or Vice President Briefing Communication between faculty team and Student communication	
Security Department Parking regulations Security contact and phone number	

Faculty Signature _____ **Date:** _____

Nursing Education Faculty Handbook
Acknowledgement of Review

I _____ have received, reviewed and agree to follow the Nursing Education Faculty Handbook.

I agree to follow the policy and procedures in compliance with the Nursing Education Handbook, SUEP Nursing Program Student Handbook, American Nurses Association Code of Ethics, Texas Board of Registered Nurses mandates and the Nurse Practice Act which supersedes SUEP and faculty requirements.

If questions arise any time during your employment at SUEP it is important that you obtain the answer form the appropriate source. This handbook is designed to assist faculty and additions or revisions are made as changes occur. You will receive and email and/or hardcopy of any enforced changes in policies or procedures that have not yet made it to the "Faculty Handbook." It is the responsibility of the nursing faculty members to review the Policy and Procedure changes which will be located in the following locations:

- SU Learning Announcement Page

Contents presented in the Acknowledgement of Review are in accordance with SUEP Human Resources.

This handbook should be read carefully, saved, and used as a reference throughout your employment in the Nursing Division at Southwest University.

_____ _____

Signature **Date**

_____

Faculty Member (PRINT Name)

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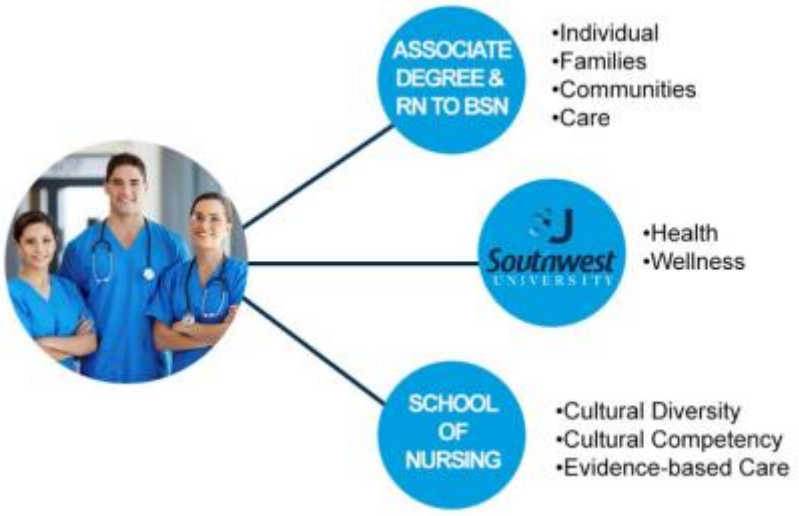
Southwest University at El Paso Mission Statement	Southwest University Nursing Division Mission Statement
The mission of Southwest University at El Paso is to provide exceptional career and technical training, promote intellectual growth, critical examination and informed understanding through general education and a commitment to educational excellence strengthened by quality instruction, a positive learning environment, and the integration of emerging technologies to enable students to achieve their potential, participate in new employment opportunities, and continue to be lifelong learners.	*The College of Nursing School at Southwest University in El Paso proposes to be a curriculum that integrates a body of knowledge, principles, values and skills. Its mission is to prepare the highest qualified professionals to meet the needs of individuals, families, and communities in the promotion of health and wellness. Reflective through culturally competent evidence-based health care formulated by faculty committed to professional nursing students and lifelong learning accountable for providing a curriculum that meets the personal and professional needs of its economically and culturally diverse community. The curriculum expresses the essence of SUEP by the commitment to educational excellence strengthened by quality instruction in a positive learning environment.* 

Accreditation

The RN to BSN is accredited by Accrediting Bureau of Health Education Schools (ABHES).

The RN to BSN Program at Southwest University is pursuing initial accreditation by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, (202) 887-6791. Applying for accreditation does not guarantee that accreditation will be granted.

The Associate Degree in Nursing Program is accredited by the Texas Board of Nursing (TBON) and by the Accrediting Bureau of Health Education Schools (ABHES).

Historical Background of Southwest University at El Paso Nursing Division

Southwest University was established 1999 as an ESL and GED tutoring center under the name Quickstudy Learning Center. In 2002 the El Paso community started experiencing mass layoffs due to companies relocating to foreign countries; it is at this point where a decision was made to begin offering certification programs to assist the local workforce commission. It was this major change that the institution began offering trade certifications and changed its name to Southwest Career Institute. In order to meet the needs of the evolving healthcare market additional programs were added, in 2004 Medical Assisting became the primary health concentrated certification to be offered. By 2005 other trade degrees were implemented such as an Automotive and Diesel Technician certifications.

In 2008 the institution embarked on the next step in growing in the healthcare field by implementing the only Magnetic Resonance Imaging, MRI certification in the region. The reception was received well in the community thus allowing the institution to take the next step in the growth of by advancing the level of the program s to the Associates degree standard in the fields of Diagnostic Medical Sonography, Business Administration, Medical Coding and Billing, Health Administration, and Radiology Sciences; in order to clearly identify the educational growth of offering degrees the institution was renamed to Southwest Career College in 2009.

In 2011 the institution began changing the method of delivery of the education industry by introducing the utilization of the eBook in the classroom. The school gained recognition of becoming one of the first education facilities in the Nation to implement this technology on to the Apple iPad. In 2012, the institution became the first locally owned and operated educational facility to issue Bachelor's degrees, in order to properly identify the level of education being offered, the institution was named Southwest University at El Paso (SUEP). In 2014 SUEP further ensured its commitment in becoming an integral part of the community, Southwest University received the naming rights of El Paso's new Triple-A baseball stadium: Southwest University Park (2014). In the midst of continual growth in the El Paso Community, the University further expanded its academic catalog to include two programs online, the first being an RN-to-BSN Bridge Program in 2015 and followed by a Bachelors in Computed Tomography online in 2016.

Aside from assisting the needs of the El Paso Community, Southwest University has taken the initiative in providing special programs to serve the men and women housed in Fort Bliss, Texas. In 2015, the institution took the initial step in providing military assistance by designing and implementing an Associate's degree in Medical Assisting for the combat medics (MOS: 68-W) whom otherwise would leave the military with experience but no formal education.

Since the Universities establishment, we have witnessed a progression of the number of students enrolled and graduates. In order to remain in compliance with our national accreditor, the university must ensure that our retention, graduation, and attrition rates are above seventy percent (70%) annually. We as an institution take pride in exceeding the amounts annually, some programs such as radiology technologist, diagnostic medical sonography, and magnetic resonance, have graduation/placement rates in the high nineties (90%+).

In 2015, Mrs. Yolanda Arriola, President, and Mr. Benjamin Arriola, Jr, Vice-President of Southwest University at El Paso, approved the development of a plan to establish a School of Nursing at the University. This is in response to the El Paso community's needs for an increased capacity to produce nurses.

Furthermore, other medical institutions offering support and clinical partnership in rotation sites for the Program include: University Medical Center, Hospital Corporations of America, El Paso Psychiatric Center, El Paso Children's Hospital, Peak Behavioral Health Center, Foundations Surgical Hospital, and Nazareth Living Center.

Philosophy

SUEP College of Nursing Associates Degree in Nursing Program adheres to college values of effective communication, access, responsiveness and commitment to excellence. This15 term (6weeks per term) program equivalent to 22 months of uninterrupted study, prepares students with the basic competencies to become safe practitioners in the healthcare field. An Associate Degree Registered Nurse promotes health for clients through hygienic care; teaching; assessment of body systems; implementation of the nursing process, including treatment modalities ordered by the physician; and rehabilitative care. SUEP College of Nursing RN to BSN program adheres to college values of effective communication, access, responsiveness, and commitment to excellence. These 9 terms (6weeks per term) program equivalent to 14 months of uninterrupted study, prepares the Associates Prepared Registered Nurse to deliver safe, spiritually and culturally appropriate evidence-based, patient-centered health promotion and disease and injury prevention interventions. They must integrate evidence based practice and clinical judgement when evaluating outcomes related to patient-centered care. Finally, they must demonstrate continuous self-evaluation and lifelong learning. The programs exist to meet the needs of individuals, families, students, and stakeholders of a culturally diverse community as the faculty and staff are committed to the development of competent, caring registered nurses thereby contributing to the profession of nursing through the provision of an excellent nursing program geared to meeting the needs of its community and to affect change in the health care system as an aggregate. Upon successful completion of the Associate of Applied Science major in Associate Degree Nursing, the graduate will be able to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN). After successful completion of this exam, the individual will be a registered nurse and may seek employment; thereby helping to meet the health care needs of this diversely populated community.

Nursing is an interactive process and is practiced in collaboration with other health care providers in the efforts of health promotion, health maintenance, and health restoration. Graduates of nursing education programs must be geared to practice competently, apply assessments and evidence-based medicine, and maintain functional competence in nursing practice in order to achieve collaboration. Additionally, the graduate must value their own competence and be committed to the collaborative effort through the use of effective communication skills and respect of other health care professionals.

The student's role in the educational process is to assume responsibility for learning and to achieve higher levels of self-direction in pursuit of learning and in accepting accountability for professional performance. The faculties role is to set standards for student achievement through the development of learning experiences that assist in the attainment of such standards. The personal and professional enrichment of students, evaluation of curriculum, role model in clinical practice are but a few expectations of faculty. As students' progress through a nursing program, they become increasingly responsible for their own academic and clinical development.

The American Association of Colleges of Nursing (AACN) maintains a commitment to improving the quality of health care for all of society by preparing a well-educated nursing workforce. The AACN does not mandate closure of ADN schools of nursing nor restrict them from entry into practice. They clearly consider the Bachelor of Science in Nursing (BSN) as the minimum educational requirement for the professional-level nursing practice and seeks to define distinct scopes of practice for nurses based on level of education (AACN, 2014). Therefore, it is important that SUEP educate the ADN to function at their highest level within their scope of practice. The ADN will be an individual prepared for a defined technical scope of practice. A framework of general education, clinical and classroom components prepare the graduate for nursing roles that require nursing theory and technical proficiency. The components that will empower the students with the ability for clinical decision-making are the components of the nursing process backed by knowledge, experience, clinical reasoning and the actual process of implementation.

Faculty Orientation

POLICY:

All faculty members newly hired by Southwest University as faculty/instructors for the Nursing Division will participate in two face-to-face formal orientations. The first orientation covers the entire University prospectively. A follow up orientation is designed to cover all requirements of the nursing division and faculty roles and responsibilities, program operations, policies/procedures, and program accreditation.

PROCEDURE:

I. Attend two required nursing faculty orientations and obtain a copy of the Nursing Faculty Handbook.
II. During orientation review job description and faculty members' role in program evaluation, program governance, university governance, parking to paychecks, policies/procedures, program academic calendar of events.
III. Meet with the program director regarding BON schedule, and teaching assignment and verify workload.
IV. Meet with program director monthly during individual appointment or faculty assembly.
V. All new faculty are assigned a mentor that is either the Dean, Program Director, or a faculty member that has been on the job for at least six (6) months.

Faculty Orientation Policy

Faculty orientation will be the same as all departments within Southwest University with rules and regulations as stated in the Employee Handbook being enforced. Nursing faculty will be mentored by the program coordination as to the specific jobs as they apply to nursing. Evaluation will take place in one (1) month and (1) year from hire date in accordance to the policy of SUEP. Faculty are responsible for clinical site orientation prior to taking students to the facility in accordance to the institutional policy.

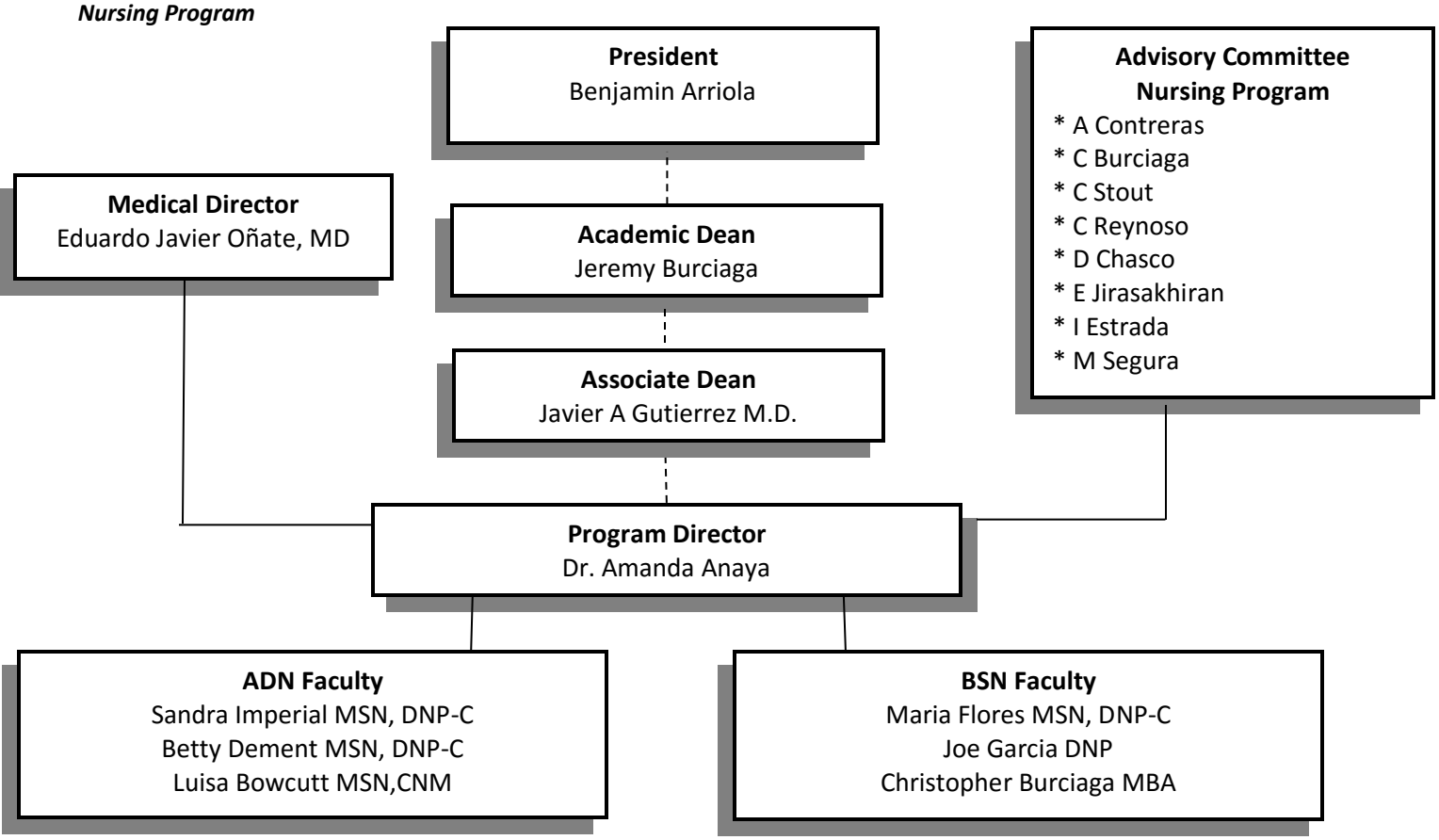
Faculty Professional Development

The Faculty Affairs Committee is also responsible for faculty development of full and part-time faculty. One responsibility of this committee is to design and implement and orientation plan. The development and implementation of all handbooks is ultimately the responsibility of Southwest University administrative staff however input as it pertains to nursing standards and policies will be recommended by the Nursing Division.

Nursing Division Organizational Chart

The institution has assigned the Director of Nursing to Amanda Anaya, DNP, MSN, RN. Doctor Anaya has extensive experience in maintaining environments conductive to learning and in teaching in both clinical and administrative teaching realms. She has teaching experience with multiple universities in didactic (face to face and online) and clinical environments.

Southwest University at El Paso TX
Nursing Program



The proposed school of nursing will be comprised of academic and administrative staff, and working along with other academic and administrative departments in place.

- Director of Nursing – Amanda Anaya, DNP, RN
- Nursing Department Faculty:
  * Betty Dement MSN, RN DNP-C
  * Maria Flores MSN, RN
  * Sandra Imperial MSN, RN DNP-C
  * Joseph Garcia DNP, RN (Adjunct)
  * Luisa Bowcutt MSN, CNM (Adjunct)
  * Christopher Burciaga MBA (Adjunct)

- Nursing Department Staff:
  - Gaby Herrera – Administrative Assistant

- David Angulo – Central Supply
- Laboratory Staff has been proposed and will be appointed by the Clinical Laboratory Instructors.

Faculty and Staff Contact Information

Yolanda Arriola	CEO of SUEP 915-778-1500 yarriola@southwestuniversity.edu
Benjamin Arriola	President of SUEP 915-778-1200 barriola@southwestuniversity.edu
Dr. Amanda Anaya	Dean of Nursing 915-778-1214 aanaya@southwestuniversity.edu
Support Staff	
Main Line	915-778-4001
MaryLou Gonzalez	Nursing Admission Liaison 915-778-1106 malcala@southwestuniversity.edu
Administration	
Valerie Crusoe	915-778-1502
Arturo Garcia	915-778-1501
Dean	
Jeremy Burciaga	Dean of Academic Programs 915-778-1207 jburciaga@southwestuniversity.edu
Distance Education/ LMS Support	
	915-778-1208
Faculty	
Betty A. Dement MSN, RN, DNP-C	Assistant Professor 915-778-1210 bdement@southwestuniversity.edu
Sandra G. Imperial MSN, RN, DNP-C	Assistant Professor 915-778-4001
Maria Flores MSN, RN	Assistant Professor 915-778-4001
Joseph Garcia DNP, RN	Adjunct Faculty
Luisa Bowcutt MSN, CNM	Adjunct Faculty
Christopher Burciaga MBA	Adjunct Faculty

DIRECTOR OF NURSING EDUCATION

Management Job Description

Job Summary

Under the direction of the president of Southwest University the Director of Nursing Education is responsible for the administration of all nursing faculty in conjunction with the academic dean and the president. Leadership will include the supervision of clerical and support staff, full-time and associate nursing and allied health faculty, program expenditures, budget management and campus and clinical facilities for the nursing programs. The Director of Nursing Education will administer the nursing programs through consistently coordinating, updating and revising these programs to assure compliance with regulatory mandates.

Examples of Duties

- Develops instructional class and clinical site rotation schedules and determines staffing priorities for all nursing programs
- Recommends instructional staff for hire after seeking approval by the relevant licensing board and is responsible for orientation, evaluation and disciplinary measures for all nursing programs
- Develops action plans regarding procurement of instructional expenditures; is accountable for nursing program budgets
- Prepares publications for all of nursing as directed by vice president
- Acts as the liaison between the university nursing programs and local schools, colleges, healthcare facilities, professional organizations and community leaders
- Participates in and supports the faculty in the continued development, implementation, coordination and reporting functions for the nursing programs
- Plans and facilitates all nursing program committee meetings, including but not limited to,
- Faculty Affairs/Faculty Development Committee, Student Affairs Committee, Curriculum and Design Committee, Assessment and Outcomes Committee (Evaluation Committee).
- Prepares documentation and reports required by the Board of Registered Nursing, and other regulatory agencies
- Reviews student applications to all nursing programs and prepares letters of acceptance/denial and ensures student files comply with all applicable regulatory requirements
- Forwards completed relevant required program completion documentation to Nursing Administrator/Presidents office, the Board of Registered Nursing
- Assures application process for NCLEX-RN is reviewed and completed for relevant candidates; and, manages all aspects of self-study and re-accreditation process to maintain continuous State Board accreditation status of the Associate Degree Registered Nursing Program

Knowledge, Skills and Abilities

- The incumbent should possess and in-depth knowledge and application of State Board regulations and requirements for the Associate Degree Registered Nurse and RN to BSN programs and a strong working knowledge of communication and interpersonal skills. The incumbent should possess excellent organizational skills and management expertise. The incumbent should possess an ability to forecast and plan nursing programs; and an ability to work with diverse student, staff and community populations. The incumbent must have clinical nursing experience and have remained current regarding issues in healthcare and patient care practice standards.

Minimum Qualifications

A current active Texas license, AND

Master's degree or higher for an accredited college or university in nursing which includes coursework in nursing, education or administration, AND

A minimum of one (1) year experience (within the last five (5) years) in an administrative position (as interpreted by the licensing agency as one (1) year as Assistant Director or Director of Nursing Education), AND
A minimum of two (2) year's experience teaching in pre-or-post-licensure nursing programs, AND
At least one (1) year experience as a registered nurse providing direct patient care; or, equivalent experience and/or education, as determined by the board of Registered Nursing AND
A sensitivity to and understanding of the diverse academic, socioeconomic, cultural, disability and ethnic backgrounds of many students in the El Paso and surrounding community.

Desired Qualifications
Three (3) years' experience in healthcare delivery as a Registered Nurse
Three (3) years of teaching experience (in Nursing), curriculum development and counseling
Effective oral and written communication skills
Demonstrated ability to manage financial resources with a record of fiscal responsibility and accountability
Demonstrated advocacy for students' needs

NURSING PROGRAM COORDINATOR (RN TO BSN, AND ASSOCIATE DEGREE LEVELS)

Position Summary

Under the direct supervision of the Dean, Directors affiliated to nursing and in collaboration with administration in the supervision of the ADN Program and RN to BSN Nursing Programs and serve as the Coordinator as described below. The university provides the time up to 50% reassigned time to complete these activities.

Duties and Responsibilities

- In the absence of the Dean, assumes Director Responsibilities of the Program.
- Together with the Dean, serves as the liaison between the Nursing Programs, university curriculum and other committees, local colleges, healthcare facilities, professional organizations and community.
- Assist in preparing reports and site visits required by the Board of Registered Nursing (TBON)
- Participates in the self-study and re-accreditation process to maintain continued state, regional and university accreditation status
- Advocates and communicates clinical placement needs for the Department of Nursing
- Maintain ongoing communication with all Instructor/Faculty course facilitators Full-time, part-time and contract
- Attends university meetings on behalf of the Dean as assigned
- Participate in state, local and professional nursing meetings
- Together with the Dean assist with the continued development, implementation, coordination and reporting to the Board of Registered Nursing and other accrediting agencies with the assistance of the assigned director
- Assist the Dean in the recruitment, selection, orientation and evaluation of faculty for the Nursing Program in accordance with requirements accreditation agencies Registered Nursing and other accrediting agencies
- Assist the Dean in the recruitment, selection, orientation and evaluation of faculty for the Nursing Program in accordance with requirements accreditation agencies and university policy and procedure
- Assist the Dean and assigned director with preparation and review of budgetary expenditures
- Assist the Dean with program curriculum planning and program review
- Assist with the development of the classes and faculty teaching assignments for the Nursing Program and other assigned courses
- Plan, schedule and coordinate Student Orientation each semester including:
- New Student Orientation
- Clinical Site Orientations
- Coordinate training and instruction of Background Check Policy and Procedures with assistance of university
- Reminder to students at the end of each semester to update their background checks with a compliance deadline as mandated
- Actively participate in mandated committees including but not limited to:
- Faculty Affairs/Faculty Development Committee
- Student Affairs Committee
- Curriculum and Design Committee
- Assessment and Outcomes Committee
- Mentor new Full-time, Part-time, and contractual faculty using checklist tools and resources to include:
- Mission of University and Nursing
- Philosophy of University and Nursing
- Program Policies and Procedures
- Curriculum
- Classroom and Clinical instructional practices
- Coordinate and facilitate Student/Faculty Forums (future)
- Other duties as assigned

Minimum Qualifications

The program coordinator of a Registered Nursing Program shall meet the education and experience requirements of:

Master's or higher degree from an accredited college or university which includes course work in nursing, education, or administration; and a minimum of two years teaching experience in a pre-or post-licensure program such as associate, baccalaureate, masters or doctoral degree nursing program; and

At least one year's continuous experience as are registered nurse providing direct patient care; and

A current Texas active licensure as a Registered Nurse

Students

- Demonstrate respect for students' rights at all times and role model behaviors consistent with nursing and the teaching profession
- Establish open line of communication to inform students of their progress according to established department policy
- Direct, guide, assess and evaluate students' performances in the classroom, laboratory and clinical settings
- Maintain accurate records of students' grades and attendance in accordance with administrative and department policy
- Inform students of their progress according to established department policy
- Develop a remediation plan for students with identified weakness in clinical and/or academic performance
- Refer students to the appropriate department for assistance when needed
- Participate in academic guidance counseling of students
- Provide individual assistance or advice to students who are not making satisfactory progress toward meeting course or program objectives

Curriculum

- Assist with the development, organization, implementation, and evaluation of the nursing curriculum

Nursing Education Department

- Report to the appropriate Nursing Program Coordinator
- Attend department faculty meetings
- Attend assigned Nursing Department Committee Meetings
- Serve on faculty committees concerned with development of policies and administrative functions
- Assist in the selection of instructional supplies, textbooks, and capital equipment
- Faculty advisor to nursing students as assigned
- Maintain open communication with other nursing faculty and other assistance as needed
- Mentor new faculty

Nursing

- Serve on nursing shared governance committees concerned with development of policies and administrative functions
-

Professional Development

- Maintain currency in subject as related to specific assignment
- Maintain currency in techniques of effective instruction
- Participate in continuing education to update and augment knowledge
- Participate in professional organizations

Community

- Interpret the philosophy and objectives of the Nursing Program to the community within and outside of the university.
- Act as liaison between the nursing department and clinical agencies to interpret course and program objectives, and to plan for effective clinical experiences

INSTRUCTOR/FACULTY

The instructor is a full-time, non-tenure track, position that may be salaried by hourly wage or contracted for a specific course with the following qualifications identified by the Board of Registered Nursing.

Qualifications

The Instructor shall have:
1. A Master's or higher degree from an accredited college or university that includes course work in nursing, education, or administration;
2. Completion of at least one year's experience teaching courses related to Registered Nursing or a course which includes practice in teaching registered nursing;
3. At least one year's experience as a Registered Nurse providing direct patient care or equivalent experience and/or education as determined by the board.

Instruction

- Function as a didactic and clinical instructor in the Nursing Education Program. Area of assignment will be based on program, clinical expertise, and needs at that time.
- Prepare appropriate course outlines and syllabi to department and university standards
- Arrange classroom and clinical learning experiences consistent with course objectives and instructional methodologies that address student diversity and promote student success in the nursing education program.
- Utilize current teaching and learning methodologies to make effective instructional presentations
- Prepare and administer appropriate assessments designed to evaluate learning
- Maintains currency in subject area and promote critical thinking in classroom and clinical arenas
- Guide students in clinical area to safeguard client welfare and promote student learning

Students

- Demonstrate respect for students' rights at all times and role model behaviors consistent with nursing and the teaching profession
- Establish open line of communication to inform students of their progress according to established department policy
- Direct, guide, assess and evaluate students' performances in the classroom, laboratory and clinical settings
- Maintain accurate records of students' grades and attendance in accordance with administrative and department policy
- Inform students of their progress according to established department policy
- Develop a remediation plan for students with identified weakness in clinical and/or academic performance
- Refer students to the appropriate department for assistance when needed
- Participate in academic guidance counseling of students
- Provide individual assistance or advice to students who are not making satisfactory progress toward meeting course or program objectives

Curriculum

- Assist with the development, organization, implementation, and evaluation of the nursing curriculum

Nursing Education Department

- Report to the appropriate Nursing Program Coordinator
- Attend department faculty meetings
- Attend assigned Nursing Department Committee Meetings
- Serve on faculty committees concerned with development of policies and administrative functions
- Assist in the selection of instructional supplies, textbooks, and capital equipment
- Faculty advisor to nursing students as assigned

- Maintain open communication with other nursing faculty and other assistance as needed
- Mentor new faculty

Nursing

- Serve on nursing shared governance committees concerned with development of policies and administrative functions
-

Professional Development

- Maintain currency in subject as related to specific assignment
- Maintain currency in techniques of effective instruction
- Participate in continuing education to update and augment knowledge
- Participate in professional organizations

Community

- Interpret the philosophy and objectives of the Nursing Program to the community within and outside of the university.
- Act as liaison between the nursing department and clinical agencies to interpret course and program objectives, and to plan for effective clinical experiences.

Nursing Program Educational Options

Two educational options are available as one is post board of nursing licensure while the other meets licensure eligibility.

- RN to BSN – The applicant must hold an unencumbered license as a Registered Nurse from an accredited school on nursing. The RN to BSN is a distance based learning classroom with the coursework being completed in the online learning environment. The RN to BSN student works closely with faculty and advisor to successfully complete course requirements to obtain their BSN degree.

- Associate Degree Nurse – Upon completion of the 22 months' curriculum and all university graduation requirements, the student is awarded and Associate of Science Degree and is eligible to take the National Council Licensure Examination for Registered Nurses. (NCLEX-RN).

RN to BSN Curriculum

6 WEEK TERMS	COURSE TITLE	CREDIT HOURS
1.	• ENGL 2010 WORKPLACE WRITING • HIS 2010 HISTORY OF THE U.S. TO 1865 • NURS 1010 EVIDENCE BASED NURSING PRACTICE I	3.0 3.0 4.5
2.	• ENGL 2033 WRITING AND LITERATURE • HIS 2021 HISTORY OF THE U.S. FROM 1865 - PRESENT • NURS 1021 EVIDENCE BASED NURSING PRACTICE II	3.0 3.0 4.5
3.	• POLS 2010 INTRODUCTION TO POLITICS • NURS 2010 CONTEMPORARY PROFESSIONAL NURSING • NURS 3010 OSHA HEALTHCARE LEGAL AND ETHICAL ISSUES I	3.0 4.5 4.5
4.	• POLS 2021 AMERICAN GOVT AND POLITICS • NURS 3021 OSHA HEALTHCARE LEGAL AND ETHICAL ISSUES II • NURS 2021 CONTEMPORARY PROFESSIONAL NURSING II	3.0 4.5 4.5
5.	• NURS 2033 POPULATION HEALTH/COMMUNITY NURSING I • NURS 3033 NURSING INFORMATION SYSTEMS & QUALITY MANAGEMENT I • NURS 1033 NURSING LEADERSHIP AND MANAGEMENT I	4.5 4.5 4.5
6.	• NURS 2045 POPULATION HEALTH/COMMUNITY NURSING II • NURS 3045 NURSING INFORMATION SYSTEMS & QUALITY MANAGEMENT II NURS 1045 NURSING LEADERSHIP AND MANAGEMENT II	4.5 4.5 4.5
7.	• NURS 4010 POPULATION BASED CARE I • NURS 4033 RISK ANALYSIS AND IMPLICATIONS FOR PRACTICE I	4.5 4.5
8.	• NURS 5010 GERIATRIC ASSESSMENT I • NURS 4021 POPULATION BASED CARE II	4.5 4.5
9.	• NURS 5021 GERIATRIC ASSESSMENT II • NURS 4045 RISK ANALYSIS AND IMPLICATIONS FOR PRACTICE II	4.5 4.5

RN to BSN NURSING PROGRAM 9 TERMS (6 WEEKS/TERM) = 14 MONTHS

Competency 6 - Pursue Continuous Quality Improvement in the Nurse Educator Role

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:

• Demonstrates a commitment to life-long learning
• Recognizes that career enhancement needs and activities change as experience is gained in the role
• Participates in professional development opportunities that increase one's effectiveness in the role
• Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution
• Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness
• Engages in activities that promote one's socialization to the role
• Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment
• Mentors and supports faculty colleagues

Competency 7 – Engage in Scholarship

Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity. To engage effectively in scholarship, the nurse educator:

• Draws on extant literature to design evidence-based teaching and evaluation practices
• Exhibits a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role
• Designs and implements scholarly activities in an established area of expertise
• Disseminates nursing and teaching knowledge to a variety of audiences through various means
• Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development
• Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality, and creativity

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Competency 8 – Function within the Educational Environment

Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact their role. To function as a good "citizen of the academy," the nurse educator:

• Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues
• Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular
• Develops networks, collaborations, and partnerships to enhance nursing's influence within the academic community
• Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program
• Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers
• Incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues
• Assumes a leadership role in various levels of institutional governance
• Advocates for nursing and nursing education in the political arena (NLN, 2012).

Associate Degree Nursing Curriculum

SOUTHWEST UNIVERSITY AT EL PASO PROPOSED ASSOCIATE DEGREE NURSING PROGRAM 15 TERMS (6 WEEKS/TERM) = 22 MONTHS			
TERMS (6 WEEKS)	**COURSE TITLE**	**CREDIT HOURS**	**CLINICAL/ DIDACTIC HOURS**
1.	BIOL 2401 Anatomy and Physiology I with Lab HC 115 Medical Terminology ALG 110 Algebra I	3.0 3.0 3.0	
2.	BIOL 2402 Anatomy and Physiology II with Lab RNSG1301 Pharmacology BIO 103 Microbiology	3.0 3.0 3.0	
3.	HC 245 Pathophysiology PSY 110 Psychology RNSG 1105 Nursing Skills I	3.0 3.0 1.5	 30 Lab
4.	PSY 121 Lifespan Growth and Development ENG 110 English I RNSG 2144 Nursing Skills II	4.5 3.0 1.5	 30 Lab
5.	RNSG 1410 Health Assessment RNSG 1411 Health Assessment Lab RNSG 1302 Pharmacology II	3.0 3.0 3.0	 30 Didactic 30 Lab
6.	RNSG 1413 Foundations of Nursing Practice I RNSG 1260 Foundations of Nursing Practice Clinical I	4.5 3.0	50 Didactic 90 Clinical
7.	RNSG 1414 Foundations of Nursing Practice II RNSG 1265 Foundations of Nursing Practice Clinical II	4.5 3.0	50 Didactic 90 Clinical
8.	RNSG 1441 Common Concepts of Adult Health I RNSG 1261 Common Concepts of Adult Health Clinical I	4.5 3.0	50 Didactic 90 Clinical
9.	RNSG 1442 Common Concepts of Adult Health II RNSG 1266 Common Concepts of Adult Health Clinical II	4.5 3.0	50 Didactic 90 Clinical
10.	RNSG 2213 Mental Health Nursing RNSG 2260 Mental Health Nursing Clinical	4.5 3.0	50 Didactic 90 Clinical
11.	RNSG 2201 Care of Children and Families RNSG 2262 Care of Children and Families Clinical	4.5 3.0	50 Didactic 90 Clinical
12.	RNSG 2308 Maternal/Newborn Nursing and Women's Health RNSG 2263 Maternal/Newborn Nursing and Women's Health Clinical	4.5 3.0	50 Didactic 90 Clinical
13.	RNSG 1343 Complex Concepts of Adult Health I RNSG 2162 Complex Concepts of Adult Health Clinical I	4.5 4.0	50 Didactic 120 Clinical
14.	RNSG 1344 Complex Concepts of Adult Health II RNSG 2165 Complex Concepts of Adult Health Clinical II	4.5 4.0	50 Didactic 120 Clinical
15.	RNSG 2221 Professional Nursing Leadership & Management RNSG 2207 Jurisprudence RNSG 2130 Professional Nursing Review	3.0 3.0 3.0	
	*Clinical/Lab to Didactic Hours are 3:1		

Bylaws for the Nursing Division at SUEP

Article I. Preamble

The Bylaws of the Faculty of the Southwest University at El Paso School of Nursing shall be utilized to facilitate the governance and operations of the Faculty of the School. The Bylaws shall be a working, amendable document that may be changed as the School evolves. Proposed changes to these Bylaws shall be brought forth to the Faculty Assembly via the Bylaws & Nominations Committee.

The primary responsibilities of the faculty of the School of Nursing are in six key areas:

1. The ongoing development, implementation and evaluation of the curricula
2. Productivity and excellence in scholarship
3. The recruitment, selection, instruction, evaluation and progression of students.
4. Service to the School, the University, the community and the profession
5. Orientation, mentoring and professional development of faculty peers
6. Review and recommendation of academic policies and procedures

Article II. Purpose and Functions

Section 1 The Purpose of the Organization shall be to:

1.1 Provide for Academic governance

1.2 Facilitate an atmosphere of scholarly professionalism to enhance the joint achievement of goals for students and faculty.

1.3 Facilitate the development and implementation of educational programs that cultivate interdisciplinary collaboration with other campus wide health care disciplines.

1.4 Provide opportunities for faculty members to continually develop professionally.

1.5 Approve actions forwarded from standing committees.

1.6 Manage effective communication within the School of Nursing that facilitates teaching, scholarship and service.

Section 2 The functions of the Organization shall be to:

2.1 Development, implementation, and evaluation of curricula in the School of nursing.

2.2 Development, implementation, and evaluation of all aspects of the School of nursing.

2.3 Promote academic as well as professional development of the faculty through teaching, scholarship and service.

2.4 Provide oversight and conduct the business of the Organization.

Article III. Membership and Voting

1.1 Full-time and part-time (50% or more FTE) members including the Dean(s) will be considered voting members.

1.2 Part-time who hold <50% appointment, adjunct faculty, and Professors Emeriti of the School shall constitute the associate membership and shall have all membership privileges except that of voting.

Article IV. Eligibility to Serve, Elections, Officers and Duties of Officers
Section 1

1.1 Full-time faculty is expected to attend meetings and vote on business of the SON and serve on committee.

1.2 All full-time voting faculty members having completed one year of service shall be eligible to serve as officers in the Organization.

1.3 Associate faculty members are those holding honorable or part-time faculty appointments

1.4 The Chairperson and members shall serve a minimum of two years on a committee during their employment and may request a change during annual evaluation. The agreement can be terminated on a case-by-case basis during a meeting with the member, program director and coordinator.

1.5 There will be student representation at every meeting and the committee chairperson or a member is to respectfully request student exit prior to discussion of school related business that does not require student input.

1.6 Student representatives are selected by their peers or recruited by faculty to serve on the standing committee and may remain as long as they are in the program and may participate in discussion, but are not eligible to vote.

1.7 The Dean will be an ex-officio member of all committees and receive notices and minutes of all regular and called committee

1.8 The Dean shall appoint an acting representative as Chair should the Chair be unable to attend a meeting.

Section 2 Duties of Officers: Chairperson

2.1 The committee Chair will delegate duties as necessary to enable the mission, philosophy, and goals of the SON.

2.2 Appoint a temporary alternate in the absence of elected officer.

2.3 Prepare agenda and distribute to the membership at least one week prior to meeting.

2.4 Call meeting to order after assessing presence of quorum. Preside at meetings and maintain adjournment, time, votes, and following agenda

Section 3 Duties of Officer: Chairperson Elect

3.1 Serves in the absence of the Chairperson.

3.2 Serves as chairperson of the Bylaws Committee.

3.3 Maintain an official current copy of the Organization By-Laws.

Section 4 Duties of Officers: Secretary

4.1 Maintain record of events, pertinent dialogue and meeting outcomes.

4.2 Organize, design, and distribute a master calendar for standing meetings of committees.

4.3 Maintain a roster of current faculty members and committees in which they serve.

4.4 Responsible for distribution of minutes to all members no greater than two weeks after meeting.

4.5 Maintain official correspondence of all committees and the Organization.

Article V. Regular Meetings, Special Meetings, Quorum, Proxy Voting Regular Meetings

Section 1 Regular Meetings

1.1 Chairperson schedules a minimum of 1 meeting every 3 terms to accommodate the schedule of the majority of faculty and student representatives.

Section 2 Special Meetings

2.1 Special meetings may be called by the Dean or the Chairperson or following a petition of a minimum of one-third of the voting members of the organization.

Section 3 Quorum

3.1 A majority of the voting members of the Organization shall constitute a quorum is equivalent to a number greater than one-half of the total voting faculty.

Section 4 Proxy Voting

4.1 After establishing necessity with chairperson a member may submit their written vote via proxy to include the name of the member that will submit their vote.

Article VI. General Rules for Committees, Standing Committees

Section 1 General Rules for Committees

1.1 Voting members shall be faculty

1.2 The Dean of the School and the Organization Chair shall serve as ex-officio members of all committees, except for the Nominating Committee.

1.3 Each committee must meet by the 2nd term of each cohort to establish a calendar for committee meetings.

1.4 Each committee shall submit the names of its officers and members and goals by the 2nd term of each cohort.

1.5 Ad Hoc Committees may be organized as needed by the Dean or Chairperson of the Organization or of any standing committee or by motion of nursing faculty at a regular or special meeting providing a quorum is present.

1.6 Each committee shall select a chairperson and a secretary to serve for two years and as written in article IV number 4.4 and not to serve more than two consecutive terms of two years.

Section 2 Standing Committees

2.1 Faculty Affairs / Faculty Development Committee

The committee organization shall consist of at least two full-time faculty members from the Department of Nursing. The Faculty Affairs Committee shall perform other responsibilities as defined and make evidenced-based recommendations to other departments as indicated.

Propose (s)

a) Design faculty (full and part-time) orientation plan: assist with its implementation.
b) Develop and update faculty handbook (s).
c) Evaluates faculty mentoring program and makes recommendations for change when needed.
d) Monitors compliance with ACEN Standard 1.
e) Monitors compliance with ACEN Standard 2.
f) Assist in developing activities for faculty development based on needs associated to teaching, assessment and instructional technology.
g) Initiate
h) Proactively discuss topics of interest or importance to the Department of Nursing and its students.
i) Receive and take action reports on recommendations from Department of Nursing Committees.
    1. Faculty Affairs Committee
    2. Curriculum and Design Committee
    3. Student Affairs Committee
    4. Assessment and Outcomes Committee
j) Determine appropriate policy and practice for the Department.
k) Foster growth, teamwork, collaboration and respect amongst the Department of Nursing Faculty and Staff.
l) Provide input to the Dean of Nursing and Vice president on budget needs and ideas.

2.2 Curriculum and Design Committee

The committee will be composed of a minimum of two (2) faculty members in which one will serve as chair. At least 1 student will serve on this committee and a program graduate (once the program is established) as a non-voting member. Review the curriculum in relation to standards at the Associate Degree level, student learning outcomes according to DECs, philosophy, mission and objectives and necessary changes as mandated by updates.

Purpose (s)

a) Oversee the academic and course offerings of the Department of Nursing, including decisions about grading, clinical evaluation and assessment of student learning.
b) Monitors compliance with ACEN Standard 4
c) Use data to recommend changes to the curriculum, including program outcome and learner assessment planning.
d) Conduct appropriate reviews of literature and best practices re: nursing education curriculum.
e) Ensure consistent implementation of current curriculum and /or changes in curriculum, including learner assessment.
f) Carry out assigned program and student outcomes assessment activities, as well as the strategic and tactical plan for the department.
g) Access services of Administrative Assistant regarding student data base
    a. Identify data to be collected
    b. Provide direction on accessing the information needed
h) Provide appropriate updates/edits to public information sites/sources for the department, i.e. web updates.
i) Provide a minimum of semi-annual reports to the Council, Advisory Committee and the Assessment and Outcomes Committee.

2.3 Student Affairs Committee

The committee will meet quarterly and as needed. Membership shall consist of at least two faculty members, one of whom is the chairperson, one representative from SUEP who is not nursing faculty and at

least one nursing student from each cohort. The Dean and eventually an Associate Dean serve as administrative liaisons.

Purpose (s)

a) Review and recommend changes to the admission, retention, and graduation criteria.
b) Review applications for admission and retention of failing students.
c) Developing and recommending policies to the Dean regarding student rights, responsibilities, and grievances.
d) Monitor compliance with ACEN Standard 3
e) Monitor and make recommendations based on data as it relates to
    1. Implementing a student "at risk" program
    2. Enhancing and promoting learner success
    3. Student retention practices
f) Manage Academic Advising Program
    1. Assign advisors
    2. Manage Academic Advising policy/procedure
    3. Evaluate effectiveness of Academic Advising program
g) Assist with providing direction to mentors for the nursing students.

2.4 Assessment and Outcomes Committee (Evaluation Committee)

The committee will be composed of a minimum of two (2) full-time faculty one of whom is the Program Coordinator. Part-time faculty representing all course levels, Vice President or designee, 2-3 students, and when available an Ex-officio nursing department associate dean. Nursing lab assistant personal, simulation personal and personal in charge of resources must provide a minimum of one representative to meetings which will be conducted quarterly and as needed.

Purpose (s)

a) Oversee the implementation of the Programs' and Learners' outcomes assessment plan: carries out the Program assessment plan activities.
b) Ensure follow-through with the use of data and information gained from the outcomes assessment activity and action taken.
c) Carry out assigned program assessment activities, as well as the strategic and tactical plan for the department.
d) Assist with completion of annual reports to regulatory and accrediting agencies.
e) Conduct review of literature and best practice models re: program outcomes and student assessment.
f) Monitor compliance with ACEN Standard 5.
g) Monitor compliance with ACEN Standard 6.
h) Provide appropriate updates/edits to public information sites/sources for the department, i.e. web updates.
i) Provide a minimum of semi-annual reports to administration faculty committees.
j) Access services of Administrative Assistant regarding student data base
    1. Identify data to be collected
    2. Provide direction on accessing the information needed
k) Works with Chair/Secretary of other nursing Committees on completion of Systematic Evaluation Plan.
l) Collection and review of all evaluations, reports, and surveys completed by faculty, students, graduates, employers of graduates, and personnel from clinical sites.
m) Responsible for gathering and analyzing data from other committees, and administration and reporting their findings to nursing division Chair and students with recommendations for changes in the program.
n) Oversee utilization of learning resources including but not limited to clinical sites, labs, library and resources.
o) Monitor resource access and utilization.

Program Learning Outcomes

The "Program" incorporates specific content related to professional values, ethics, safety, diversity and confidentiality. The Nursing Practice Act rules and regulations, and the Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs (DECs) as reflected in its analysis of curriculums in relation to the Association of American Colleges of Nursing and Institute of Medicine. The Student Learning Outcomes for the Program demonstrate the incorporation of the DECs as illustrated in the following Table:

SU-SON (Program) Student Learning Outcomes	Corresponding DEC
1. Graduating students: Demonstrate a commitment to apply quality improvement measures that continually improve health outcomes consistent with current professional knowledge while valuing the need for lifelong learning.	1. Member of the Profession
2. Graduating students: Integrate teaching-learning principles by providing patient-centered care for individuals and their families and communities through the development and implementation of teaching plans.	2. Provider of Patient-Centered Care
3. Graduating students: Employ evidence-based practice (EBP) in the delivery of a systematic process for safe compassionate patient-centered care to culturally diverse patients and their families across the lifespan in a variety of health care settings appropriate utilizing clinical judgment.	2. Provider of Patient-Centered Care
4. Graduating students: Utilize informatics to enhance patient safety, accountable for evidence-based patient-centered care within the legal and ethical scope of nursing practice.	3. Patient Safety Advocate
5. Graduating students: Provide a quality of nursing care that ensures safety to individuals, families, communities and their environment utilizing an evidence based approach.	3. Patient Safety Advocate
6. Graduating students: Collaborate and coordinate work as an effective member of an inter-professional team to implement the best practices in the promotion of wellness, prevention of diseases, maintenance and restoration of heath based on the individuals and families perception of their health needs.	4. Member of the Health Care Team

Throughout the program the DECs competencies are progressively evaluated through psychomotor demonstration and cognitive testing. As the primary focus of health care is the delivery of safe, effective, and efficient care to all individuals and their families the QSEN competencies have skillfully been embedded into program objectives.

QSEN competencies in clinical courses with DECs

1. Patient-Centered Care: Recognizes the patient as the source of control in the provision of compassionate land coordinated care based on respect for patient's preferences, values, and needs.
2. Teamwork and Collaboration: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
3. Evidence-Based Practice (EBP): Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
4. Quality Improvement (QI): Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.
5. Safety: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.
6. Informatics: Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making. (QSEN, 2014).

Course/Student Learning Outcomes

Required Competencies and Outcomes

The Program will use the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments and Behaviors (DECs) throughout the curriculum. The table below shows the specific course/s where each of the DECs outcomes are taught and assessed. The table also shows how specific elements of the Texas Nurse Practice Act will be taught and assessed throughout the Program. The RN to BSN will utilize the Essentials of Baccalaureate Education as developed by the AACN and regulating bodies.

Member of the Profession:

A licensed nurse (RN) who exhibits behaviors that reflect commitment to the growth and development of the role and function of nursing consistent with state and federal regulations and with ethical and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values self- assessment and the need for lifelong learning.

A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.
B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.
C. Promote the practice of professional nursing through leadership activities and advocacy.

Provider of Patient-Centered Care:

A licensed nurse (RN) based on educational preparation and scope of practice, accepts responsibility for the quality of nursing care and provides safe, compassionate nursing care using a systematic process of assessment, analysis, planning, intervention, and evaluation that focuses on the needs and preferences of patients and their families. The nurse incorporates professional values and ethical principles into nursing practice. The patients for RNs include individual patients and their families.

A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence based practice outcomes, and research studies as the basis for decision-making and comprehensive patient care.
B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients, families, populations, and communities based upon interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.
C. Synthesize comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.
D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.
E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care.
G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.
H. Coordinate human, information, and material management resources in providing care for patients, families, populations, and communities.

Patient Safety Advocate:

A licensed nurse (RN) who promotes safety in the patient and family environment by: following scope and standards of nursing practice; practicing within the parameters of individual knowledge, skills, and abilities; identifying and reporting actual and potential unsafe practices; and implementing measures to prevent harm.

A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
B. Implement measures to promote quality and a safe environment for patients, self, and others.
C. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risk.
D. Obtain instruction, supervision, or training, as needed, when implementing nursing procedures or practices.
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.

F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

Member of the Health Care Team:

A licensed nurse (RN) who provides patient-centered care by collaborating, coordinating, and/or facilitating comprehensive care with an interdisciplinary/multidisciplinary health care team to determine and implement best practices for the patients and their families.

A. Coordinate, collaborate, and communicate with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.
B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.
C. Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration.
D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients, families, populations, and communities.
E. Communicate and manage information using technology to support decision-making to improve patient care and delivery systems.
F. Assign and/or delegate nursing care to other members of the health care team based upon an analysis of patient or organizational need.
G. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.

Faculty/Instructor Information

Catalog Description of Prerequisite Courses

The program follows a progressive order and the prerequisite course follow the general education courses with a description in the catalog. The prerequisite courses will be identified as Psy 121 Lifespan Growth and Development, RNSG 1301 & 1302 Pharmacology I & II. The general education and prerequisite courses are taken before the nursing courses as entry is not allowed into nursing without successful completion of these courses.

Course Syllabus

There is a syllabus for every nursing course utilizing the same established format. The course is identified by name and credits obtained followed by its catalog description. The roles of the nurse as identified by the Texas Board of Nursing and the Nurse Practice Act and abbreviated as DECs provides stability and direction for every nursing course in the form of measurable objectives. As safety is a key component in health care the QSEN competencies are woven into the nursing objectives and listed at the bottom of each syllabus. The nursing skills are divided into two courses and are front loaded in the program prior to any clinical rotations with skills identified in the syllabus.

Course Syllabus

1. All classes must have a Syllabus.
2. The Syllabus and Course Calendar must be available to the student 1 week before the course start date.
3. The Syllabus exists as a contract or agreement between the institution and the student.
4. All Syllabi will be reviewed by the Program Director and must be approved prior to disbursement.
5. The course calendar may be submitted as a separate document and not be imbedded in the syllabi and may be subject to minimal changes not to include course book, but dates maybe altered due to unforeseen events.
6. Included within the syllabus must be the course components to include the percentage weight of each exam. It is important to note that in order to pass the course the exam average must be a minimum of 75% and rounding will not be permitted.

Skills, Clinical, Simulation

1. The instructor will be prepared to deliver all students the same quality content appropriate for course and level.
2. Enforcement of the dress code is mandatory for the instructor as well as the student.
3. Instructor implements didactic course into skills, clinical, and simulation in the provision of course continuity.
4. Feedback on student progress is given anytime the instructor deems necessary and in writing at the end of the course on the form designed for “Performance Evaluation for Clinical Experience” with the “Rubric for Clinical Performance Evaluation” available to explain point values. This tool is to be signed and dated by the instructor as well as the student and placed in the students Southwest University file.
5. Faculty/Instructor is responsible for the documentation of tardiness or absenteeism of student and student compliance of mandated clinical hours.

Additional Faculty Information

1. Faculty may be required to cover for absent faculty.
2. In the event of absence, faculty may be assigned to cover at a different time than their usual class time.
3. The hiring of adjunct faculty will occur only after exhausting all other possibilities.

4. Reassignment (reorganization) of duties from within course group as determined by the Course Coordinator and reported to the Program Director.
5. Course Coordinator may be expected to assume additional duties to meet the needs of the course, students and program.
6. Faculty is required to maintain the number of assigned classroom and clinical teaching hours to maintain fulltime work status.
7. A decrease in credit workload hours below the assigned roles as described in this policy can occur only after securing the written permission of the Program Director.

Skills Laboratory Coverage

1. Faculty assigned to cover hours in the simulation/skills laboratory are expected to be physically present in skills laboratory during their assigned hours to provide clinical remediation, academic tutoring, reinforcement of course content, preparation for clinical experiences, and student support for all nursing students in all courses.
2. The Simulation Laboratory Instructor is responsible for coordinating this process.
3. The Program Director is responsible for setting the actual hours for faculty coverage based on needs of the program.

Progressive Development

The objectives in the courses utilize Bloom's Taxonomy (1956) and knowledge-level evaluation expected at the foundation level, but as the student progress throughout the terms appropriate didactic and hands-on clinical experiences will be provided to build onto the knowledge acquired in the beginner course of Foundations. Most courses have a didactic as well as a clinical component. Course material, concepts and discussions will be utilized to link didactic material to clinical performance and emphasized in pre- and post-conferences, case studies, simulation, video skills assignments, pass-to-class assignments, role playing, individual and group presentations, student performance on quizzes, exams, HESI, and final course examination collectively impact progression.

Learning Opportunities for Communication Skills

The ability to communicate the needs of the patients is vital to the success of patient outcomes therefore the students will be given the opportunity to improve basic communication skills in every course with emphasis on verbal and written forms of communication. Interpersonal and relationship building skills when caring for patients and their families will be enhanced through collaboration in groups for class presentations. Throughout the curriculum a variety of learning formats will be used to facilitate the student's comfort level and competency with interpersonal communication skills, evaluated, and given feedback by faculty and team leaders or preceptors on their ability in reference to communication skills on their assigned patients and families. SBAR Communication will be taught early in the curriculum to facilitate the delivery of patient information in an organized format.

Faculty Advisor Responsibilities

Students enrolled in SUEP Nursing program will be assigned to an advisor who is faculty within the Nursing division either part or full time. Assigned faculty members will serve as advisors and mentors to the students throughout their enrollment in the program. Meetings between faculty and student will take place at least once every term. Other meetings may be scheduled on an as needed basis. Documentation will be made of all conferences and the results will be maintained in a secured location in accordance to the policy of SUEP. In the event the faculty member or the student believe it would be in the best interest of either party for reassignment of the faculty advisor/student, the Dean or designee will be consulted, and a new faculty advisor will be assigned. In addition to their assigned and additional teaching responsibilities, faculty will be expected to adhere to all policies and procedures in the *Employee Handbook.*

NLN Core Competencies of Nurse Educators

The NLN competencies guide nurse educators in designing curricula that ensures that students are able to think critically, problem-solve, participate in a decision-making process in order to practice in a dynamic, complex health care arena: practice that is evidence –based and that ensures that all members of the public receive safe, quality care. (NLN, 2012).

CORE COMPETENCIES OF NURSE EDUCATORS © WITH TASK STATEMENTS

Competency 1 – Facilitate Learning

Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:

- Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context
- Grounds teaching strategies in educational theory and evidence-based teaching practices
- Recognizes multicultural, gender, and experiential influences on teaching and learning
- Engages in self-reflection and continued learning to improve teaching practices that facilitate learning
- Uses information technologies skillfully to support the teaching-learning process
- Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts
- Models critical and reflective thinking
- Creates opportunities for learners to develop their critical thinking and critical reasoning skills
- Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students
- Demonstrates interest in and respect for learners
- Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning
- Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments
- Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice
- Serves as a role model of professional nursing

Competency 2 – Facilitate Learner Development and Socialization

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:

- Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second-degree learners
- Provides resources to diverse learners that help meet their individual learning needs
- Engages in effective advisement and counseling strategies that help learners meet their professional goals
- Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal setting
- Fosters the cognitive, psychomotor, and affective development of learners
- Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes
- Assists learners to develop the ability to engage in thoughtful and constructive self and peer evaluation
- Models professional behaviors for learners including, but not limited to, involvement in professional

organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy

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Competency 3 – Use Assessment and Evaluation Strategies

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory and clinical settings, as well as in all domains of learning. To use assessment and evaluation strategies effectively, the nurse educator:

- Uses extant literature to develop evidence-based assessment and evaluation practices
- Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains
- Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals
- Uses assessment and evaluation data to enhance the teaching-learning process
- Provides timely, constructive, and thoughtful feedback to learners
- Demonstrates skill in the design and use of tools for assessing clinical practice

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Competency 4 – Participate in Curriculum Design and Evaluation of Program Outcomes

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment. To participate effectively in curriculum design and evaluation of program outcomes, the nurse educator:

- Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment
- Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies
- Bases curriculum design and implementation decisions on sound educational principles, theory, and research
- Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends
- Implements curricular revisions using appropriate change theories and strategies
- Creates and maintains community and clinical partnerships that support educational goals
- Collaborates with external constituencies throughout the process of curriculum revision
- Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program

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Competency 5 - Function as a Change Agent and Leader

Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. To function effectively as a change agent and leader, the nurse educator:

- Models cultural sensitivity when advocating for change
- Integrates a long-term, innovative, and creative perspective into the nurse educator role
- Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally
- Evaluates organizational effectiveness in nursing education
- Implements strategies for organizational change
- Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contributions to the academic community
- Promotes innovative practices in educational environments
- Develops leadership skills to shape and implement change

Faculty Workload

The workload document clearly identifies the formula utilized to calculate and a description of faculty assignments. Southwest University at El Paso School of Nursing workload is reflective of 12 calendar months with classes being taught in 6-week terms. Specific courses require 2 terms to complete, as the second is a continuation of the first. The full-time equivalent (FTE) is based on a 40-hour work week.

Full-time Faculty Workload Model
Full-time faculty workload consists of responsibilities identified in the three components of the position description each with a recommended percentage. They are:
• Learning Facilitation—75% (Includes workload responsibilities associated with serving students such as: teaching, planning, evaluating, advising and counseling)
• Institutional Service—15% (Includes collateral responsibilities that support SU-EP in achieving its goals such as serving on committees, mentoring faculty, recruiting, developing curriculum and supporting administrative functions, representation of SU-EP in the community on boards and committees)
• Professional Development—10% (Includes workload responsibilities associated with addressing growth and change such as participating in the evaluation process, attending workshops, enrolling in programs of study and contributing to one's profession)

- 1 Credit of Lecture = 10 Instructional Hours per term
- 1 Credit of Lab = 20 Instructional Hours per term
- 1 Credit of Clinical = 30 Instructional Hours per term

Contact Hour: A 50-minute instructional activity, classroom, laboratory, or clinical/practicum/internship/work experience, in which the student and faculty interact to meet specified learning objectives.
For Example:

	CREDIT	LECTURE	LAB	CLINICAL	LECTURE HOURS	LAB HOURS	CLINICAL HOURS	TOTAL INSTRUCTION PER TERM
NURS 1413	4.5	4.0	.5	0	40	10	0	50
NURS 1260	3.0	0	0	3	0	0	90	90
RNSG 1105	1.5	0	1.5	0	0	30	0	30
								170

<u>NURS 1413</u>
4.0 x 10 = 40
0.5 x 20 = 10
40 + 10 = 50 Instructional Hours per term

MAX number of hours per term is 180
Instructors will be allocated an additional:
4 Hours of Service
2 Hours of Scholarship
2 Hours of Committee
2 Hours of Instructional preparation time

Policy/Procedure

Full-time faculty assignments have a base of 170 – 180 hours of teaching per six weeks for the academic year or a 40-hour work week. Responsibilities are not limited to student advisor, committee participation, organizational support of activities and programs, advancement of self, profession and the organization.

Guidelines for Full-Time Faculty

1. Faculty loads are determined by hours of instruction. Hours of instruction for different types of courses are defined above.
2. The standard work week for full-time faculty is 40 hours.
3. A standard teaching load for a faculty member will range from 170-180 instructional hours per six-week term.

Overload Assignments for Full-Time Faculty

Overload Assignments Faculty can request an overload assignment. Overloads are based on college needs, course availability, and faculty workload and dean approval. New faculty should be discouraged from teaching an overload and should be exempted from committee chairperson assignments in their first year to focus on teaching.

Guidelines for Adjunct Faculty

Adjunct Faculty/Overload/Substitute Teaching Compensation for contracted faculty is specified per the Employment Agreement. Compensation for situations involving adjunct faculty, overload, or substitution is guided by Adjunct Faculty/Overload/Substitute Teaching Assignment Compensation as mandated by administration.

Office Hours

Full-time faculty is expected to post office hours in a place accessible to students. The number and location of scheduled office hours should be sufficient to support student learning, accommodate the number of students, and provide easy access.

Faculty: Clinical Learning Experiences

The faculty of SUEP program is responsible and accountable to its owners, the hospitals/facilities of affiliation, the school, the TBON, and the public for managing the clinical experiences of students. The primary concern is for the safety and well-being of patients and their families. The student to faculty ratio will be no greater than 10:1. If in the profession judgment of the instructor a student poses a threat to the safety of a patient the student must be removed from the clinical setting and receive an unsatisfactory grade for clinical which could potentially result in failing the course.

Clinical orientation will take place on the first day of each clinical rotation and may be facilitated by the clinical practicum coordinator, staff educator or designated staff member. Clinical instructors will maintain a direct line of communication with the clinical coordinator or the person in charge of the clinical area at all times. Student assignments are ultimately the responsibility of the instructor, however input from staff or charge person is helpful. When students perform a skill for the first time the instructor must be present and thereafter may be observed by a registered nurse. Under no circumstances shall a student perform skill related task without the direct supervision of the instructor or another registered nurse.

It is the responsibility of the student to check a minimum of 2 patient identifiers in establishing the patient's identification as reading the arm band prior to providing treatments, medications, food, liquid, personal care, or any other procedure is mandated. Students who administer medications in the clinical setting must document appropriately with the licensed nurse witnessing their entry in the patients record or as mandated by the individual clinical institution policy. The preparation and administration of any medications must be performed under the supervision of a licensed nurse. Students are never allowed to have the code to the medication cart or have narcotic keys in their possession.

Student Nurse Role (Under the direction and /or supervision of the Nursing Instructor, the student nurse will:

Participate in client's care as assistants/observers. Hospital staff will retain overall responsibility for the client's care.

Meet with client's primary nurse at the beginning of the shift to discuss learning objectives and plan of care.

Maintain frequent contact with team leader in addition to instructor throughout the shift, to review client status and care.

Take shift report, review client's MAR, and chart, and clarify plan of car with instructor, and team leader each clinical day.

Assess client's condition and needs; pan and implement safe nursing care in accordance with the plan of care; evaluate client response; revise care plan according to changing client needs; provide a safe, pleasant, and clean environment; observe and assist the physician; communicate effectively with client, family, and members of the health care team; and utilize scientific principles to perform procedures according to agency and university policies.

Document client's care, response to care, treatments, and client teaching on the appropriate tool, Daily Activity Record, Nurses Notes, Care Plan, Medication Administration Record, Graphic Record, Diabetic Record, Flow Records, and Admission and Discharge Records according to agency policies.

Schedule break times each shift with team leader to assure that clients are covered by student or staff.

Verbally report off to team leader before leaving clinical area for breaks and at the end of each shift.

Not undertake the care of clients which have not been assigned to them, except in an emergency situation, and only under the direction of the RN in charge.

Student Nurses May Not:

Receive or transcribe physician's orders; witness consents; perform agency standardized procedures, check data on blood products; perform PKU testing; act as Code recorder; assume responsibility for cardiac or fetal monitor interpretation or documentation; intra-arterial monitoring, calibration, flushing, readings, or documentation.

CHECK WITH INSTRUCTOR WHENEVER UNCERTAIN

Staff Nurse Role: hospital staff will remain overall responsibility for client's care.

To facilitate collegial relationships, communications, and student learning, staff nurse will:

Act as a resource person in the clinical setting; answer questions and clarify information pertinent to student learning.

Meet with student as the beginning of the shift to discuss learning objectives and plan of care.

Check with student frequently during the shift to assist her/him to focus and organize; to answer questions and clarify understanding; to offer guidance; and to lend expertise.

Meet with student at the end of the shift to obtain report.

Offer written evaluation feedback to student and instructor regarding student's performance each clinical shift.

Clinical Sites and Learning Opportunities

Clinical sites will be chosen based on types of clients required to meet course objectives and there is clinical affiliation.

1. The clinical site offers appropriate client variation and learning opportunities to allow students to achieve course objectives.
2. The clinical site's average daily census provides adequate numbers of clients to facilitate a quality clinical experience for the number of students assigned to the facility.
3. The clinical site is accredited and/or licensed.
4. The clinical site has clearly-written, easily-accessible facility policies and procedures that are readily available to SUEP faculty and students.
5. The clinical site's nursing staff role models appropriate nursing behaviors.
6. The clinical site's staffing pattern provides adequate staff to ensure patient/ client safety for the hours of clinical assignment.
7. In the event that the facility is shared with other educational programs, there is a clearly understood, written collaborative arrangement plan being utilized.
8. Clinical site facility, staff and resources accommodate multiple educational programs.

Evaluation of Affiliating Agencies/Clinical Facilities or Clinical Site Settings

Evaluation of clinical sites will be conducted by both the student and the clinical faculty at the end of each clinical (course) rotation. Additionally, the clinical liaison or education department will evaluate the SUEP Program clinical rotation experience at his/her facility at the end of the rotation or the course. Written agreements between the programs and affiliating agencies/clinical facilities will specify the responsibilities of the agency to the program. In the event that clinical preceptors or clinical coaches are used, written

agreements between the program, clinical preceptor or clinical teaching assistant, and the affiliating agency, delineating the functions and responsibilities of the parties involved, will be used in the Program.

Criteria for Selecting Competent clinical preceptors, appropriate to program type

Clinical preceptors or clinical coaches are registered nurses licensed to practice in the State of Texas, and have practiced a minimum of six months in there are, and maintain a current CPR certification and immunizations as required by the "Program" and the health care facility. They are considered experts in their field, and when possible have a BSN degree or higher. The facility / staff is not under contract with SUEP nor will they be given any monetary gains as they may refuse to work with a nursing student however they are mandated to work in compliance to the rules, regulations, or expectation of the facility in which they are employed.

Evaluation of student performance in clinical learning experiences

Students will be evaluated regularly in the clinical setting by the criteria that is established at the beginning of the course in accordance to level and expectations. A grading rubric will be utilized to provide clarity and explanation of points associated to task. The evaluation will include the student's ability to apply theory to practice, clinical knowledge and skills, evidence of meeting course objectives, attendance, participation, conduct, appearance, professionalism, and interpersonal relationships. Student evaluations may include input from faculty, instructors, clinical staff, patients, and others as appropriate. Students and faculty will discuss evaluations, and the students will be asked to verify they have received feedback regarding their clinical performance and asked to sign the evaluation form. The students' signature does not necessarily mean they are in agreement with the evaluation, only that they have been given the opportunity to see the evaluation and discuss it with the instructor, a faculty member, or the Dean of the Program.

Written Work

Evaluation/Grading

Embedded in the course syllabi is a table with the grading system and the grade required to pass. A table of percentage breakdown for each component is reflective of the maximum points attainable in a category. The cumulative exam minimum score is 75 in any course in order to pass. Didactic and corresponding clinical course must both be passed to reflect successful completion of the courses. Exams, skills, and evaluations must be passed in clinical courses. Minimum evaluation points accepted are 75 providing the student completed the appropriate number of hours associated to the course. The clinical performance evaluation increases in complexity as the student advances in the program with a point value associated to each category as noted on the grading rubric.

Clinical Evaluations

Students receive clear information regarding what must be accomplished in order to successfully meet clinical objectives/outcomes and/or demonstrate skills competency, including items that are graded as Pass or Fail as reflected in the course syllabi. Clinical evaluation tools and the competency expectations of the skills lab clearly indicate the expected behaviors considered critical to successful completion of the learning experience for students. These tools include critical elements such as safe administration of medication, reporting changes in client condition, and use of systematic approach to planning, implementing and evaluating client care. These critical elements will vary throughout the curriculum to demonstrate progression. The evaluation of students though the use of these tools is guided by the policies and Student Handbook.

Clinical Rotation Schedule

Clinical rotations will include all shifts available at the facility and will include approved agencies supported by affiliation agreement. In the event that Cohort 1 has 30 students there will be 3 instructors with 10 students

each.

Most Effective Clinical Teaching Techniques

There are four general teaching strategies that form the basis for the most effective teaching techniques: (a) coaching, (b) teaching reflectively, (c) asking questions, and (d) teaching from the heart (Caputi & Engelmann, 2004).

Coaching

Clinical faculty guide students on their journey of clinical learning with constructive feedback, encouragement, information and role modeling. Clinical faculty vary their coaching behaviors in response to student performance. Active listening and presence enhances the effectiveness of clinical teaching. Clinical faculty actively listen carefully to what the student is saying and then repeat the essence of the message back to the student for verification. The skill of active listening is crucial early on in the clinical experience in order to establish mutual understanding and to avoid erroneous assumptions.

Teaching Reflectively

Students will be highly skeptical of group discussion if the faculty has not earned the right to ask student to work this way **by first modeling their own commitment to the process.** Attempting to reflect and self-evaluate as educators is a daunting task and one that places most educators outside of their comfort zone. Perhaps one of the best exercises for reflection and particularly for self-evaluation is seeing ourselves through our students' eyes. Each time we do this, we learn something. Most often, we are surprised to learn the diversity of meanings students read into our words and actions. What we may think is reassuring behavior on our part is sometimes interpreted as overprotective gestures. Students have an understandable reluctance to describe how they see the faculty's point of view and authority for that matter, and they perceive that the faculty authority can adversely affect what happens in class. When students have decided that you have earned their trust, they may choose to communicate with you about any negative actions in your teaching style. However, please remember, that early on in the interactions with your class, you will tend to get more honest critiques only if anonymity is guaranteed. Part of your job as clinical faculty is to make students feel safe. After students have seen you, week after week, inviting anonymous commentary on your actions, and then discussing this publicly, the students start to believe that you mean what you say about the value of reflection (Brookfield, 1995).

Seeing our practice through our students' eyes also helps us teach more responsibly. Teaching reflectively mandates that as clinical faculty our stance toward our practice is one of inquiry. We reinvent our practice to take into account what we have just found out so that the relevance of an activity is clear to students. In so doing, we also gain authenticity. What you do not know, you do not know and being honest and genuine about this is crucial to your credibility as an educator. Do not be afraid to say to a student, *I don't know that answer, but let's see if we can figure it out together.* This response also role models to the student that you actually will have to look things up and your role model that process to the student!! LIFELONG LEARNING is portrayed!

Asking Questions

The art of asking questions (inquiry) is an extremely important element of clinical teaching. **Inquiry is the hallmark of the ability to think critically.** When students are repeatedly asked questions that promote the process of deep thinking and not memorization, they learn to incorporate questions they hear faculty ask them. Students learn to conduct an internal dialogue, using questions faculty have asked them, and begin to integrate the process of inquiry in their patient care (Brookfield, 1995; Billings & Halstead, 2012; Caputi & Engelmann, 2004).

Situation 1: A student provides the clinical faculty with information about a patient situation; waits for the clinical faculty's response and asks the clinical faculty what to do

Clinical Faculty Response: The clinical faculty asks what the student thinks about the situation and in doing,

assesses the student's knowledge in order to focus more precisely on learning needs. Additionally, without giving the student the answer outright, the clinical faculty allows the student to come to the answer. This may take several questions (and time) to guide the student to the correct response.

Situation 2: A student takes a position and then looks to clinical faculty for verification

Clinical Faculty Response: The clinical faculty asks the student for the **evidence or data** that supports the student's position. The clinical faculty can also ask the student what other alternatives the student considered and why the student rejected those alternatives in favor of the student's conclusion

The two following situations do not directly apply to questioning, but are crucial to clinical teaching

Situation 3: Tell students what they did right

The clinical faculty gives positive feedback. Feedback, whether positive or negative, is most effective when it is highly specific, delivered as close in time as possible to the performance, and identifies how the particular action contributes to a larger positive outcome. In their efforts to prevent mistakes, clinical faculty sometimes give more negative feedback than positive. The saying, "what gets measured gets produced, what gets rewarded gets produced again" serves to remind clinical faculty that we need to encourage and promote those positive aspects of student performance in order to emphasize those features for students and promote self- confidence along the way (Case & Oermann, as cited in Caputi & Engelmann, 2004, p. 146).

When the student makes a mistake, lacks knowledge, omits activities, or displays ineffective communication that promotes misunderstandings; corrective feedback is needed. Once again, specific feedback as close in time to the occurrence as possible will be most effective. Asking the student to critique his or her own performance before offering feedback allows the student to experience learning from a mistake and gives the clinical faculty insight into the accuracy of the student's perceptions. Learning from the mistake is crucial for students in the clinical arena.

Teaching from the Heart

Effective educators bring their passion, excitement and respect for the profession to the classroom and clinical environment. These elements we bring with us are far more important than the methods or techniques. The methods or techniques mean nothing if we do not have the passion, excitement and respect to help facilitate learning for our students. Students need to see the human side of clinical faculty. The human side is essential. Educators need to connect with the discipline of nursing because when students see this process of connection through excitement, passion and respect, the students learn how to facilitate meaningful connections with their patients, with the staff and healthcare providers to help promote positive patient outcomes. Teaching then becomes student centered and faculty facilitated, with student and faculty working together in the patient care experience.

We all have areas of nursing that we love and areas in which we excel; but the genuinely effective clinical faculty find ways to invigorate students' excitement, passion and respect in all areas of nursing and for all patients, regardless of the diagnosis. The process of reflection can help faculty rediscover the joys in nursing practice and invigorate teaching.

Ground Rules and Mutual Expectations

Ground rules and mutual expectations set the tone and foundation for any teaching experience but particularly for the clinical environment. All students no matter what the level, need rules and guidelines. Students need to know what to expect from any experience. Communicating these elements to students represents an organized, methodical element of the clinical faculty role. When there are no rules or guidelines, or when students do not understand the rules or guidelines; when there is no organization, there is chaos. When there is chaos, there is no learning that will take place; no matter how knowledgeable or skillful the clinical faculty.

Weekly clinical student learning outcomes which align with the course learning outcomes and the program learning outcomes need to be communicated to students each week. Students need to understand their weekly outcomes and must understand that the weekly outcomes are reflective of the clinical evaluation tool. The clinical evaluation tool highlights those performance activities that the student must do in order to progress. Students must know and understand the clinical evaluation tool from the first day of clinical orientation.

Expectations should always be clear and to the point and HIGH—no matter what level of student you have in clinical. Expectations are not lowered because students complain about the expectations being too high and they will! Students need to understand that they can meet the expectations-- that students do not learn at the same pace, but that with your facilitation and assistance, they will be able to meet objectives if they want to work at it!! There is no mediocre, only excellence!

There are two broad categories to rules and expectations: (a) course/program policies; and (b) direct experience of the students in the clinical environment (Caputi & Engelmann, 2004).

Direct Experience of Students in the Clinical Environment

When rules are set by clinical faculty, students are freed from having to make decisions about nebulous practices or elements concerning their clinical experience and then they are able to focus on learning! Clinical faculty should plan on sharing information about the clinical experience both verbally and in written format within an orientation packet of information that is handed out and explained to students on the first day of orientation. Students should also be given the opportunity to ask questions about any of the information presented to them.

Clinical faculty should have a backup plan for students in case clinical faculty become ill and clinical needs to be cancelled. The backup plan can be a time intense case study or a make-up clinical day (which would have to be arranged ahead of time with the Clinical Coordinator to assure that the facility can accommodate an extra clinical day; simulation make-up may be considered).

Role Modeling

The presence of positive role models in the clinical environment is very important to students' learning and something which clinical faculty need to strongly consider. Clinical faculty are powerful role models but so are staff nurses who are willing to invest time and energy to teach students. Clinical faculty who present themselves as credible, professional role models are vital to student learning. Whatever the level of clinical faculty expertise, students should have consistent opportunities to observe clinical faculty collaborating with other staff, displaying a caring attitude toward patients and their families, advocating for patients, and promoting a holistic approach to patient care (Baker, 2010; Billings & Halstead, 2012).

It is inevitable that students will observe undesirable and unsafe practices in the clinical environment –this cannot be helped nor controlled. These types of situations require delicate, ethical, and professional approaches from clinical faculty. Typically, students bring these events forth in post conference; however, depending on the situation, and the process of inquiry, students may bring these events forth during the course of the clinical day. Whenever these events come to light, clinical faculty should neither condemn nor excuse the behavior that the student describes. Clinical faculty should actively listen to the student's description, and always deal with the situation as if it were a reality, unless of course, clinical faculty know for a fact, without a doubt that the situation is different from the student's recount of the situation. Clinical faculty play an important role in turning this around to be a positive learning experience for the student by asking students what they think of the situation and how the situation can be remedied; identifying whether the practice in question is a safe alternative or truly an unsafe practice; clarifying what should have happened, why, and the risks inherent in the observed actions; and identifying factors that contributed to this action and how these factors might be addressed. Clinical faculty ensure and share with students the judgment as to what follow-up is needed; do clinical faculty need to investigate what occurred; do clinical faculty need to share the student's perception with

a staff member, charge nurse, or unit manager; is there any action warranted on the part of the student? When clinical faculty directly observe unsafe or undesirable practice on the part of the staff nurse, a judgment call is required. If in doubt about what to do in this situation, clinical faculty may benefit from calling the course lead or director to communicate the situation before making a judgment. Certainly, if patient or student safety is in jeopardy, clinical faculty must intervene. In reality, such intervention takes the form of stepping into the situation and assuring that safe technique is used while not alarming patients or embarrassing staff members or students. Obviously, such situations require follow-up with staff members involved and with unit leadership.

Role modeling effectiveness is heightened by thinking aloud; and students should observe this process in clinical faculty. Occasionally thinking out loud in order to make the thinking process visible adds to student learning (Caputi & Engelmann, 2004). Clinical faculty might ask students to explain the faculty's decision-making process or another nurse's rationale for a particular action. Because thinking out loud has been mostly discouraged in the clinical environment in the past; clinical faculty may find this skill difficult. Nonetheless, being able to role model thinking out loud provides an opportunity for students to *see* the thinking process.

Clinical faculty can also draw from their own past experiences both positive and negative. In this way, mistakes are communicated in a positive light to students. Mistakes are considered teachable moments, instructional aids. They most definitely should be used to capitalize on learning. This practice of pointing out mistakes makes clinical faculty seem more human and the expectation is that students view this humanistic side and will report errors more easily and help students to see that similar errors can be prevented.

Setting Priorities

Priority setting in the clinical environment is complex; however, the process of priority setting is crucial to student learning, no matter what level student you have. Priority setting in clinical teaching is more complex than when clinical faculty prioritize in their direct patient care. In addition to considering patient needs and acuity, clinical faculty assess and consider student competency and support learning needs of students in the clinical environment. Based on student assignments, and engaging in anticipatory reflection to plan the clinical day, clinical faculty should estimate the learning needs, amount of assistance, supervision and support each student will require for safe, optimal learning. Sometimes staff will recommend patients for students; however, clinical faculty should always keep the student's objectives and learning at the forefront. For example, a staff nurse may want a student to be assigned with him or her in the safe room; only to have the student be a sitter. Clearly, the student will not meet objectives nor will the student learn anything from this experience. Clinical faculty need to step in and remind the staff nurse about the clinical objectives. Students may not say anything in response to the nurse's suggestion about being a sitter because they want to help. Clinical faculty always need to advocate for the student in these situations. In this situation, a compromise may be to have the student help the nurse when the student has completed the assignment.

On certain days, clinical faculty may need alternative assignments for students.
Alternative assignments are usually considered when the patient census is low (not enough patients and usually not enough nurses). Clinical faculty should have a plan for alternative assignments **ahead of time** since census always fluctuates and you do not want to waste precious clinical time trying to figure out what needs to be done. There are a variety of alternative assignments that can be considered including: (a) choose two students and have each of those students choose a patient with a similar diagnosis; then have the students research their patient and compare and contrast the similarities and differences in the nursing and medical regime of those patients. The students present their findings at post-conference; (b) observational experiences can be considered alternative assignments (there should be specific objectives for the observational experience); (c) have two students care for a complex patient (have students complete a plan of care that includes specific interventions for each of the students caring for the patient –for example, who will be assessing the patient, who will be documenting what, etc.); (d) if students are 3rd or 4th semester, a student can follow the clinical faculty; this allows the clinical faculty to ask questions such as which of these patients should we see first?; (e) Quality and Safety Education for Nurses (www.qsen.org) has many other ideas for alternative and clinical assignments which can be used in the clinical environment.

Clinical faculty must be prepared to readjust priorities on an ongoing basis throughout the day. Clinical faculty

should begin the clinical day with students receiving their objectives for the day; and a brief overview of what the day will look like in terms of breaks, lunch, pre-and post- conferences (and rooms where those conferences are held).

Example of Hourly Clinical Schedule (recognize that as clinical faculty, this template can change according to what you feel would meet the needs of the patients and students. Additionally, this schedule could change depending on what is happening on the unit and with the patients! Clinical faculty should consider this fact!

Pre-Clinical Conference Debriefing (Example)

Each student is expected to present pertinent data related to anticipated plan of care based on information obtained by research.

Information for students to consider:

1. Diagnosis
   a. Brief description of medical diagnosis
   b. Describe pathophysiology as it alters from normal functioning

2. Surgical Intervention
   a. Brief description of type of surgery
   b. Date of surgery
   c. Describe physiological changes that have occurred due to surgical procedures

3. List pertinent assessment data related to medical diagnosis or surgical procedure

4. List appropriate nursing care related to medical diagnosis or surgical procedure

5. If any treatments listed, give rationale and be ready to explain procedures

6. Name nursing diagnosis (es) that might be appropriate for your client

7. Present content of teaching plan

Keeping Record of Attendance is Extremely Important also document Tardiness!

Written Clinical Assignments

Journaling

Students are expected to submit weekly guided reflective journaling directly related to their clinical experience and based on one of the seven core values. Depending on the level of student and the duration of the clinical experience, students may be submitting a weekly journal; a biweekly journal or 3 journals for the clinical rotation. The following is an example of the journal.

Guided Reflective Journal Template

Situation:
Background:
Noticing:
Interpreting:
Responding:
Reflection –in-action
Reflection-on-action

Example:
Situation: I have never met this patient before. There was background on this patient and the nurses had seen very emotional responses that she evoked in several of the nurses on the unit. The patient had dismissed several nurses for a variety of reasons. She made formal complaints about the staff. The patient often took a very confrontational approach with many of the staff.

Background: (student's previous experiences)
While it is good to be forewarned about patients or their families' possible issues, it is also best not to act on pre-conceived notions that paint someone as 'difficult'. Many times, people act out when fearful or confused. I've seen people many times in my life just ready to fight and then just break down when they realize that you were on their side. I was a little nervous at first because the patient indicated that she did not want any students near her.

Noticing: Initially I noticed that the patient was defensive and very particular about the way things were done for her. She definitely had strong ideas about how things should be done. Also, when I introduced myself to her, she was very unfriendly, did not smile or acknowledge me. I attempted to engage her in conversation. That's when I noticed that what appeared at first to be a very strong wall of confidence was really composed of a great deal of fear and uncertainty.

Interpreting: I saw that I did not have a patient that needed to be challenged or ignored, but rather I had a patient that needed some confidence –building and empowerment. As the day went on, the patient revealed to me more of her fears. Because she had been relatively healthy until this hospitalization, she didn't know what to worry about, so she worried about everything.

Responding: (Goals for care):
Empowerment- Nursing Dx
Reflection –in –action: By mid-day, the patient was working with me instead of ordering everyone around. The patient was asking questions. The patient welcomed my care the next day.

Reflection-on-action: I learned to exercise restraint in getting caught up in negative discussions with other staff members. When people do negative things we don't understand, we should always explore the reasons why. People can be strongly motivated by fear and other intense emotions. I will remember to approach patients with a different attitude but do what I can to discover the root of this emotion and help the patients to resolve it.

Please note that this journal content is in-depth and bypasses all superficial aspects of care. The journal reflects a **process** and does not focus on "skills" that were performed during care. Additionally, there are no patient names or initials in the example nor is there any mention of a patient diagnosis. Please check with your clinical faculty about how the journal is to be submitted. If you have questions about the journal, please feel free to contact your clinical faculty or myself.

Journals provide clinical faculty with insight into the student's learning needs and perceptions. Journals also help to humanize clinical faculty with students through the comments shared between the student and clinical faculty. Journals are students' private thoughts and perceptions and as such should not be shared with anyone; unless clinical faculty have student permission. However, feedback should be given; not so much as correct or incorrect statements; rather, in the form of encouragement and support.

Written assignments for clinical are focused and short. Most courses with a clinical component have a group presentation and an individual APA paper assignment. These particular assignments have a rubric attached to them for ease and objectivity in grading them. Goals and objectives are clearly stated for each assignment (Chickering & Gamson, 1987).

Examinations / Clinical Evaluations / Rubrics / Student Medication Administration

Policies on test development, revision, item analysis, and web-based testing administration will appear in the item analysis includes difficulty level, response distribution, and student feedback. The test items are revised based on the results of the item analysis. Course faculty are responsible for developing course examinations and blueprints. Test questions are derived from assigned learning and clinical experiences. Bloom's Revised Taxonomy, Phases of the Nursing Process, Categories of Client Needs (as described in the NCLEX blueprint) are categories frequently used for blueprint development in addition to safe and effective care environment, physiological integrity, psychosocial integrity, health promotion and maintenance, and course objectives. Each item will be analyzed and adjusted as necessary. A cumulative (exams and final) score of 75% or greater without rounding must be attained to successively complete any nursing course.

Students must demonstrate continued proficiency in dosage calculations by passing a dosage calculations quiz with a minimum score of 90% in each clinical course prior to medication administration. Students will have three (3) opportunities to demonstrate proficiency as indicated by the following guidelines:

1. First unsuccessful demonstration (Quiz Score < 90%)
    - The student meets with the instructor in a formal performance conference to review written documentation and the criteria for meeting the requirements for proficiency as well as a plan for remediation.
    - The student retests within a specified time* period.
2. Second unsuccessful demonstration (Quiz Score < 90%)
    - The student meets with the instructor for a formal probation conference/report to review documentation, criteria for meeting the requirements as well as a plan for remediation.
    - The student retest within a specified time* period.
3. Third unsuccessful demonstration (Quiz Score < 90%)
    - The student meets with the instructor and program coordinator or department chair to discuss educational options.
    - The student must withdraw from the course. (If the occurrence is past the official university date for withdrawal from a course, the student will receive a performance grade of "F.")

    *Failure to keep an appointment for a repeat demonstration is the same as an unsuccessful demonstration.

Written Work – Total Program Evaluation

Students will receive clear information regarding what must be accomplished or included in order to successfully meet the required assignments in the individual course syllabi that will be issued to students by the faculty or online within twenty-four (24) hours of the beginning of courses. The policy for development of syllabi that promotes dissemination of clear information about student expectations in relation to written work appears in the faculty handbook.

Inter-rater reliability – periodic independent evaluation of selected student work and subsequent discussion and analysis of similarities and differences in application of grading criteria will be utilized.

Clinical Evaluations of Student Performance

Students will receive clear information as to the requirements to successfully meet the objectives of clinical and/or the demonstration of skills, competencies, including items that are graded as Pass or Fail. The information is available in the course syllabi that is issued to students within 24 hours of the course beginning. A clinical evaluation tool will be utilized by faculty with a companion rubric that clearly explains how points are achieved and the maximum obtainable in any given category.

All students are required to demonstrate skill mastery according to the established departmental criteria in each level. If a student has not demonstrated mastery of a skill, the student may not perform that skill in the hospital setting. The student must schedule an appointment with the instructor for monitored practice followed by successful demonstration of skill before ability to perform in clinical setting.

Critical elements that are reflected in the tools include such items as: safe administration of medications, reporting changes in client condition, and use of systematic approach to planning, implementing and evaluating client care.
See Examinations category above for information regarding pre-clinical medication quiz.

Inter-rater Reliability

The course facilitator is responsible for inter-rater reliability at the beginning of the semester or before the course is utilized with another cohort. The facilitator will randomly select a written assignment from each category of the written assignments within the course and have faculty complete a blind review utilizing the appropriate assignment grading tool. Inter-rater reliability will be completed for all categories of a written assignment and is calculated as follows:

1. Calculate the mean of all faculty grades on the selected assignments.
2. Determine the number of agreements and disagreements using the grading scale of 100, an agreement is considered to be within the range of +5 to –5 points of the mean. Disagreements are those scores which fall outside this range.
3. Estimate the inter-rater reliability by using the following formula:
   Inter-rater reliability = # of agreements
   (% agreement) Total # agreements & disagreements

An 85% inter-rater agreement between faculty is considered acceptable and reliable. If the inter-rater agreement is less than 85% the course facilitator will request a meeting of the faculty participating in grading the written assignment and evaluate where the discrepancies in grading exist. Grading should reflect agreement among faculty after reviewing discrepancies. A second randomly selected written assignment of the same type will then be assessed to assure inter-rater reliability. If the second inter-rater agreement is less than 85% the issue will be referred to the Dean for further resolution. Even in cases where 85% inter-rater agreement has been obtained, if a written assignment earns a failing grade, the faculty responsible for grading that assignment will have another faculty who is teaching in the course evaluate the assignment. In such cases, the assignment should be graded using an unmarked set of grading criteria identical to the criteria used for the original grade. The two faculty should reach a consensus regarding the grade given for the student. In cases where there is only one faculty member teaching the course, the second faculty member should be someone who has recently taught in the course and is familiar with the assignments.

Faculty Members Performance

Students will be asked to complete course satisfaction evaluations that reflect faculty member's performance at the end of each course. Evaluations will be anonymous and confidential to allow students to freely express their opinion of the faculty member's performance without fear of retribution. The Dean will monitor faculty performance through the formal process.

Southwest University at El Paso School of Nursing Performance Evaluation for Clinical Experience

(for use through term 9 Common Concepts)

Student Name_____ **Date/Term**_____

Faculty_____ **Course** _____

No	Criteria	3 Excellent	2 Good	1 Fair	Clinical	Simulation	Skills Lab
A	**Unit I Provider of Patient-Centered Care (15 points) Recognizes the patient as a source of control and partner in providing compassionate and coordinated care based on respect for patient preferences, values, and needs.**						
1	Practices care based on an evidence-based plan that is theory guided.						
2	Demonstrates clinical reasoning in delivery and management of care.						
3	Prioritizes problems and identifies normal vs. abnormal findings.						
4	Makes judgments between client's present state and desired outcome.						
5	Exemplify value-based culturally competent caring for a diverse population.						
B	**Unit II Member of Health Care Team (15 points) Functions effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.**						
1	Seeks assistance when situation is beyond students' knowledge.						
2	Able to collaborate care of client with group for optimal outcome.						
3	Considers multiple perspectives when determining client problem.						
4	Participates in the evaluation of the clients care delivery system.						
5	Makes decisions and actions consistent with standards and nursing laws, and performs within student scope of practice.						
C	**Unit III Member of the Profession (15 points) Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. Uses data to monitor the outcomes of care and implements methods to improve quality and safety of health care systems.**						
1	Incorporates the values of the nursing profession in practice, through putting patient first, cooperation, personal integrity, and respectful.						
2	Professional code of ethics arrives on time, neat and clean.						
3	Utilizes therapeutic communication, addresses barriers professionally, and teaches patients at level of understanding.						
4	Committed to nursing adheres to school and facility policies.						
5	Provide leadership in the design, delivery, management and evaluation of health care.						
D	**Unit IV Patient Safety Advocate (15 points) Uses information and technology to communicate, manage knowledge, alleviate error, and support decision-making. Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.**						
1	Manage physical, financial, and human resources to achieve quality, cost effective outcomes.						
2	Uses empathetic communication, appropriate language, protects confidentiality, active listener, and accurate documentation.						
3	Advocates for clients, society and the nursing profession.						
4	Supports the spiritual dimensions of health.						
5	Delegates appropriately, maintains safe environment, mindful of ethical and legal nursing issues.						
E	**Unit V Clinical Skills (15 points)**						

	Demonstrates appropriate performance of all required skills for this course.						

No	Criteria	3 Excellent	2 Good	1 Fair	Clinical	Simulation	Skills Lab
F	**Unit VI Professional Behaviors** **Southwest University at El Paso School of Nursing ADN Program has based its definition of Professional Behaviors on the ANA Standards of Practice. Students are expected to satisfactorily meet these standards of conduct throughout the program. (15 points)**						
1	Accepts responsibility for one's own actions and attitudes.						
2	Demonstrates a respectful, sensitive, and non-judgmental manner when communicating with others to include, but not limited to peers, faculty patients, families, community and staff.						
3	Demonstrates personal and professional ethics, honesty, and integrity.						
4	Completes assignments as required and scheduled. Provides appropriate timely notification when unable to meet expected obligations.						
5	Participates in clinical activities, as scheduled, arrives on time, prepared, organized, professional appearance and conduct in the clinical setting, adhering to all dress code and behavior requirements as mandated in Hand Book.						
G	**Unit VII Attendance (document date and hours absent) (10 points)**			**Hours completed**		**Initials**	
Clinical Absence Date (s)							
Simulation Absence Date (s)							
Clinical Skills Absence Date (s)							

Minimum of 75 points required to pass in addition to required clinical hours

Specific Feedback:

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Student Comments:

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Evaluation Date: _____ Grade_____ [ ] Pass [ ] Fail

Student Signature_____ Faculty Signature_____

Student Name: _____ Date/Term: _____ Grade: _____

Rubric for Clinical Performance Evaluation Southwest University at El Paso			
Criteria (5 objectives in category)	**Excellent** (3pts each)	**Good** (2pts each)	**Fair** (1pt each**)**
Provider Patient-Centered Care **Recognizes the patient as a source of control and partner in providing compassionate and coordinated care based on respect for patient preferences, values, and needs. (15 pts.)**	Always uses knowledge of skills, didactic and clinical education to provide rationale for professional nursing practice in the provision of patient-centered care.	Usually uses knowledge from skills, didactic and clinical education to provide rationale for professional nursing practice in the provision of patient-centered care.	Sometimes uses knowledge from skills, didactic and clinical education to provide rationale for professional nursing practice in the provision of patient-centered care.
(5 objectives in category)	**Excellent** (3pts. each)	**Good** (2pts. each)	**Fair** (1pt. each)
Member of Health Care Team **Functions effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. (15 pts.)**	Always functions effectively as a member of health care team within nursing through collaboration, patient evaluation, decision-making and adherence to standards, laws and student scope of practice.	Usually functions effectively as a member of health care team within nursing through collaboration, patient evaluation, decision-making and adherence to standards, laws and student scope of practice.	Sometimes functions effectively as a member of health care team within nursing through collaboration, patient evaluation, decision-making and adherence to standards, laws and student scope of practice.
(5 objectives in category)	**Excellent** (3pts. each)	**Good** (2pts. each)	**Fair (**1pt each**)**
Member of the Profession **Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.** **Uses data to monitor the outcomes of care and implements methods to improve quality and safety of health care systems. (15 pts.)**	Always integrates best current evidence with clinical expertise patient/family values in the delivery of professional, & respectful in the delivery of safe quality patient care.	Usually integrates best current evidence with clinical expertise patient/family values in the delivery of professional, & respectful in the delivery of safe quality patient care.	Sometimes integrates best current evidence with clinical expertise patient/family values in the delivery of professional, & respectful in the delivery of safe quality patient care.
(5 objectives in category) **Patient Safety Advocate** **Uses information and technology to communicate, manage knowledge, alleviate error, and support decision-making. Minimizes risk of harm to patients and providers through both system effectiveness and individual performance. (15 pts.)**	**Excellent** (3pts. each) Always utilizes information and technology to communicate and manage knowledge, prevent error, and support decision-making to ensure safety for patient through system effectiveness & performance.	**Good** (2pts. each) Usually utilizes information and technology to communicate and manage knowledge, prevent error, and support decision-making to ensure safety for patient through system effectiveness & performance.	**Fair (**1pt each**)** Sometimes utilizes information and technology to communicate and manage knowledge, prevent error, and support decision-making to ensure safety for patient through system effectiveness & performance.

(5 objectives in category)	**Excellent** (3pts. each)	**Good** (2pts. each)	**Fair (**1pt each**)**
Clinical Skills Demonstrates appropriate performance of all required skills for this course. **(15 pts.)**	Always demonstrates proficiency in nursing skills and performance to ensure patient safety within the scope of practice of a student nurse.	Usually demonstrates proficiency in nursing skills and performance to ensure patient safety within the scope of practice of a student nurse.	Sometimes demonstrates proficiency in nursing skills and performance to ensure patient safety within the scope of practice of a student nurse.
(5 objectives in category) **Professional Behaviors** **Program has based its definition of Professional Behaviors on the ANA Standards of Practice. Students are expected to satisfactorily meet these standards of conduct throughout the program. (15 pts.)**	**Excellent** (3pts. each) Always exhibits the professional demeanor expected by Southwest University in all settings as mandated in Handbook in addition to adherence to ANA Standards of Practice and the TBON.	**Good** (2pts. each) Usually exhibits the professional demeanor expected by Southwest University in all settings as mandated in Handbook in addition to adherence to ANA Standards of Practice and the TBON.	**Fair (**1pt each**)** Sometimes exhibits the professional demeanor expected by Southwest University in all settings as mandated in Handbook in addition to adherence to ANA Standards of Practice and the TBON.
(2 objectives in category) **1. Attendance** **2. Clinical_____ Simulation_____ Clinical Skills_____** **(10 pts.)**	**Excellent** (5pts each) Always arrives on time in proper attire, equipment and resource. Completed all clinical hours as mandated by this course.	**Good** (4pts. each) Usually arrives on time in proper attire, equipment and resource. Completed clinical with one absence and has made up the hours.	**Fair** (3pts. Category 1 only) **[ ]** 3 pts. Allowed for clinical attendance, attire, equipment and resources. **[ ]** 0pts. Clinical due to clinical make up requirements. **[ ]** 0pts. Clinical failure. **Repeat of course required!**

Instructor Name: _____ Date: _____

Comment

Southwest University at El Paso School of Nursing Performance Evaluation
For *Advanced* Clinical Experience (begin use in term 10 Mental Health)

Student Name_____ **Date& Term**_____
Faculty_____ **Course** _____

No	Criteria	3 Excellent	2 Good	1 Fair	Clinical	Simulation	Skills Lab
A	**Unit I Provider of Patient-Centered Care(24 points) Recognizes the patient as a source of control and partner in providing compassionate and coordinated care based on respect for patient preferences, values, and needs.**						
1	Practices care based on an evidence-based plan that is theory guided.						
2	Demonstrates clinical reasoning in delivery and management of care.						
3	Prioritizes problems and identifies normal vs. abnormal findings.						
4	Makes judgments between client's present state and desired outcome.						
5	Exemplify value-based culturally competent caring for a diverse population.						
6	Communicates clearly with patients and families.						
7	Adheres to professional standards of practice.						
8	Utilizes the nursing process in all aspects of patient care.						
B	**Unit II Member of Health Care Team (21 points) Functions effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.**						
1	Seeks assistance when situation is beyond students' knowledge.						
2	Able to collaborate care of client with group for optimal outcome.						
3	Considers multiple perspectives when determining client problem.						
4	Participates in the evaluation of the clients care delivery system.						
5	Makes decisions and actions consistent with standards and nursing laws, and performs within student scope of practice.						
6	Contributes to the coordination of care for patient and family.						
7	Reflects on care delivery interactions with patient, family and staff.						
C	**Unit III Member of the Profession (24 points) Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. Uses data to monitor the outcomes of care and implements methods to improve quality and safety of health care systems.**						
1	Incorporates the values of the nursing profession in practice, through putting patient first, cooperation, personal integrity, and respectful.						
2	Professional code of ethics arrives on time, neat and clean.						
3	Utilizes therapeutic communication, addresses barriers professionally, and teaches patients at level of understanding.						
4	Committed to nursing adheres to school and facility policies.						
5	Provide leadership in the design, delivery, management and evaluation of health care.						
6	Demonstrates clinical judgment utilizing evidence to guide clinical decision-making.						
7	Adheres to institutional policies and procedures and accountable for own practice.						
8	Adherers to rules and regulations of the Texas Board of Nursing and the Nursing Practice Act.						
D	**Unit IV Patient Safety Advocate (21points) Uses information and technology to communicate, manage knowledge, alleviate error, and support decision-making. Minimizes risk of harm to patients and providers through both**						

	system effectiveness and individual performance.						
1	Manage physical, financial, and human resources to achieve quality, cost effective outcomes.						
	Criteria	**3 Excellent**	**2 Good**	**1 Fair**	**Clinical**	**Simulation**	**Skills Lab**
2	Uses empathetic communication, appropriate language, protects confidentiality, active listener, and accurate documentation.						
3	Advocates for clients, society and the nursing profession.						
4	Supports the spiritual dimensions of health and values cultural beliefs of patient and family.						
5	Delegates appropriately, maintains safe environment, mindful of ethical and legal nursing issues.						
6	Manages patient information to protect against errors.						
7	Utilizes appropriate technology according to institutional guidelines.						
E	**Attendance (10 points)**	**Hours completed**			**Initials**		
Clinical Absence Date (s)							
Simulation Absence Date (s)							
Clinical Skills Absence Date (s)							

Passing clinical requires a minimum of 75 points
Passing clinical requires completion of all course clinical hours

Specific Feedback:

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Student Comments:

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Evaluation Date: _____Grade_____ [ ] Pass [ ] Fail

Student Signature_____Faculty Signature_____

Student Name: _____Date/Term: _____Grade: _____

Rubric for *Advanced* Clinical Performance Evaluation Southwest University at El Paso

Criteria	Excellent (3pts each)	Good (2pts each)	Fair (1pt each)
Provider Patient-Centered Care ***Recognizes the patient as a source of control and partner in providing compassionate and coordinated care based on respect for patient preferences, values, and needs.*** ***(8 objectives in category) (24 pts.)***	**Always uses knowledge of skills, didactic and clinical education to provide rationale for professional nursing practice in the provision of patient-centered care.**	**Usually uses knowledge from skills, didactic and clinical education to provide rationale for professional nursing practice in the provision of patient-centered care.**	**Sometimes uses knowledge from skills, didactic and clinical education to provide rationale for professional nursing practice in the provision of patient-centered care.**
Member of Health Care Team ***Functions effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.*** ***(7 objectives in category)(21 pts.)***	**Always functions effectively as a member of health care team within nursing through collaboration, patient evaluation, decision-making and adherence to standards, laws and student scope of practice.**	**Usually functions effectively as a member of health care team within nursing through collaboration, patient evaluation, decision-making and adherence to standards, laws and student scope of practice.**	**Sometimes functions effectively as a member of health care team within nursing through collaboration, patient evaluation, decision-making and adherence to standards, laws and student scope of practice.**
Member of the Profession ***Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.*** ***Uses data to monitor the outcomes of care and implements methods to improve quality and safety of health care systems.*** ***((8 objectives in category) (24 pts.)***	**Always integrates best current evidence with clinical expertise patient/family values in the delivery of professional, & respectful in the delivery of safe quality patient care.**	**Usually integrates best current evidence with clinical expertise patient/family values in the delivery of professional, & respectful in the delivery of safe quality patient care.**	**Sometimes integrates best current evidence with clinical expertise patient/family values in the delivery of professional, & respectful in the delivery of safe quality patient care.**
Patient Safety Advocate ***Uses information and technology to communicate, manage knowledge, alleviate error, and support decision-making. Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.*** ***(7 objectives in category) (21 pts.)***	**Always utilizes information and technology to communicate and manage knowledge, prevent error, and support decision-making to ensure safety for patient through system effectiveness & performance.**	**Usually utilizes information and technology to communicate and manage knowledge, prevent error, and support decision-making to ensure safety for patient through system effectiveness & performance.**	**Sometimes utilizes information and technology to communicate and manage knowledge, prevent error, and support decision-making to ensure safety for patient through system effectiveness & performance.**
(2 objectives in category) ***1. Attendance (10 pts.)*** ***2.Clinical_____*** ***Simulation_____*** ***Clinical Skills_____***	**Excellent (5pts each)** **Always arrives on time in proper attire, equipment and resource.** **Completed all clinical hours as mandated by this course.**	**Good (4pts. each)** **Usually arrives on time in proper attire, equipment and resource.** **Completed clinical with one absence and has made up the hours.**	**Fair (3pts. Category 1 only)** **[ ] 3 pts. Clinical Preparation** **[ ] 0pts. Required clinical make-up** **[ ] 0pts. Clinical failure. Repeat of course required!**

Faculty/Instructor Name: _____Date: _____

PROGRAM MEDICATION ADMINISTRATION

1. Students may administer medicines after the specific route has been covered in Nursing Lab.

2. Student will only administer any medication with the clinical instructor present unless specifically directed by the instructor.

3. Facility specific medication administration policies must be followed at all times.

4. All ADN clinical courses will have a math exam requirement relating to dose calculation. The student is required to attain a 90% on the exam to successfully complete the clinical course and will have a maximum of 3 opportunities to pass. Students who fail to achieve the 90% passing score on the 3rd exam will not meet the course objectives and will fail the course.

5. Before giving any medications, the patient's labs, VS, and allergies will be checked. In acute settings, sub-acute, home, and alternate clinical settings, students are required to follow facility policy when identifying patients for medication administration.

6. Medications can be given with a nurse; the instructor will "designate" a particular nurse on a case by case basis. In all cases, the nursing instructor reserves the right to require additional restrictions based on the learning level of the individual student and/or specific patient situation.

7. In situations where a physician's order is questioned (i.e., automatic stop date, legibility, etc.) and cannot be verified with the physician or by agency policy, the student may not carry out the order.

8. Students may not accept verbal or phone orders.

9. Students may not administer medication to a patient in a psychiatric hospital. This directive includes the psychiatric units that are located in acute care settings.

10. In the acute care setting, students needing to give a medication to a patient in an area other than his/her assigned hospital room, i.e., x-ray, etc., must have the nursing instructor **present when giving the medication**.

11. Students may **NOT** administer:
    a. IV anti-neoplastic agents
    b. Intrathecal medications
    c. non-accessed Porta-cath medications

12. Students may perform IVP & IVPB medication administration, and blood draws via PICC Lines & Central Lines after they have had the instruction in skills lab and **ONLY** in the presence of their nursing instructors.

13. Students are **NOT** to administer blood components that must be typed and/or cross-matched, i.e., RBCs, whole blood, platelets, fresh frozen plasma, cryoprecipitate, and plasma products used for coagulation factor deficiencies. Students may assist in monitoring patient responses to such therapies.

14. STUDENT MUST VERIFY THE ORIGINAL PHYSICIAN'S ORDER before administering any and all meds.

15. IVP medication must be administered with the nursing instructor only.

The following must be given under the direct supervision of the nursing instructor.

TPN Solutions	IVPB Medications	Theophylline
Lanoxin	Anticoagulants	Amiodarone
Narcotics	Vancomycin	Aminoglycosides
Albumin	Dilantin	Potassium

Or any drug with a narrow range of toxicity or meds requiring peaks and troughs

16. In addition to the requirements in #15 above, the following medications are to be **verified each time by the nursing instructor (per phone or in person) and additionally by the nurse assigned** to the patient. The student will show the MAR and actual medication to two licensed individuals prior to administration. The nursing instructor may designate a separate nurse plus the nurse assigned to the patient.

Insulin	IV of NaCl solution above 0.9%
RhoGam	Any med requiring calculation of dosage
IV with K+	Anticoagulants
Pediatric meds	Mixed meds

17. **A student may never act as a second nurse.**

Program Conceptual Framework

Three major concepts are integrated into the conceptual framework:

First Concept

The first concept is the Roy Adaptation Model, which describes and gives defining characteristics to the person, environment, nursing and health. The Roy Adaptation Model, as it is utilized by SUEP has been simplified for use at the Associate Degree Nursing level. The program's courses are organized into the traditional nursing areas of basic skills and fundamentals, common concepts (medical/surgical), mental health, pediatrics, maternal, complex concepts, and leadership. A health assessment course is embedded into the early phase of the curriculum prior to any clinical rotations to strengthen the student's ability to collect patient history and physical data. A jurisprudence course was added to the last phase of the program as a means for the students to comply with the Texas Nursing Practice Act and the Texas Board of Nursing by completing the Jurisprudence Exam.

Second Concept

The second concept is the Nursing Process, which is a critical tool that provides the structure for caring action. The five step problem-solving method utilized by the nursing profession to facilitate the care and teaching of clients and families through assessment, diagnosis, planning, implementation and evaluation. The patient/family needs are assessed according to Maslow's hierarchy of needs. Abraham Maslow's humanistic philosophy theory and the psychological theory of growth and development by Erik Erikson are foundations for the program of learning. According to Maslow, all individuals have similar needs arranged in a hierarchy with higher needs emerging as basic physiological needs are met. Individuals are unique biological, psychosocial and spiritual beings who strive to meet holistic needs. Society, a complex system that influences culture, value, and beliefs, provides direction and meaning to an individual's experiences throughout the lifespan. Basic needs and growth and development are integrated into the nursing care plan to provide students the opportunity to determine the relationship of their client's developmental stage to his/her need for nursing care. Nursing care plans reflect the growth of critical thinking skills throughout the program. As the threats to a client's well-being increase and become more complex, the student is required to use critical thinking and creativity to assist the client.

Third Concept

The third concept is ADN roles/competencies, which are faculty implemented and assessed at the individual, and group levels. The learning environment consists of the classroom, skills laboratory, clinical simulation, case studies and scenarios, and a variety of clinical settings. Faculty serves as a role model responsible for creating an environment conducive to individual growth responsible for instruction, counseling, guidance, evaluation, and testing of individuals and groups in varied formats that address the diversity of the student population. The individual learner is responsible and accountable for achieving identified learning objectives and competencies that increase in complexity with progression throughout the program. The process of nursing education is designed to stimulate students to seek knowledge and to develop cognitive, psychomotor, and affective behaviors as they progress from students to novice practitioners. Four interrelated roles of practice are member of the profession, provider of patient-centered care, patient safety advocate, and member of the health care team with specific competencies for each role entitled Differentiated Essential Competencies (DECs) (Texas Board of Nursing, 2010). The QSEN safety competences will be included especially in all clinical based courses. The Faculty/Instructor Workload which reflects the core competencies as outlined by the National League for Nursing (NLN).

The Roy Adaptation Model

Person
Humans are holistic, adaptive systems described as a whole with parts that function as unity for some purpose included are individuals, groups, families, organizations, communities, and society (Roy, 2009).

Environment
Understood as the world within and around humans defined as all conditions, circumstances, and influences surrounding and affecting the development and behavior of persons and groups, with particular consideration of mutuality of person and earth resources. Factors such as focal, contextual, and residual stimuli are environmental changes that demand an increase in energy to adapt to the situation.

Health
Health is a state and process of being integrated as a whole that reflects person and environment mutuality (Roy, 2009). Health is an inevitable dimension of a person's life which is represented by a health-illness continuum.

Nursing
Nursing is a health care profession that focuses on human life processes and patterns of people with a commitment to promote health and full life-potential for individuals, families, groups, and the global society (Roy, 2009).

The Nursing Process

Nursing is an art, as well as, a science in which the holistic needs of the individual are met through utilization of the nursing process in a variety of settings. The nursing process incorporates scientific principles, interpersonal and psychomotor skills. The practice of nursing takes place in an ever-changing health care system and requires caring, critical thinking, competency, legal and ethical accountability, dedication to an evolving body of knowledge, lifelong learning and client advocacy**.** It is a problem solving approach for gathering data, identifying the capacities and needs of the human adaptive system, selecting and implementing approaches for nursing care, and evaluation of the outcome of care provided:

1. Assessment – involves gathering data about behavior of the person as an adaptive system in each of the adaptive modes physiologic-physical, self-concept-group identity, role function, and interdependence. Assessment of stimuli involves identification of internal or external stimuli that influences the person's adaptive behaviors.
2. Nursing Diagnosis – involves the formulation of statements that interpret data about the adaptation status of the person to include behavior and most relevant stimuli, which facilitate formulation of a statement of the outcomes of nursing care.
3. Intervention – involves the determination of how best to assist the person in attainment of the established goal.
4. Evaluation – involves judging the effectiveness of the nursing intervention in relation to the behavior or health status after the nursing intervention in comparison to the established goal.

Nursing and Nursing Practice utilizing the DECs

The owners and faculty of SUEP believe nursing is a dynamic caring profession that provides and essential service to the El Paso community and all society. The service includes health promotion, health maintenance, and health restoration for individuals and their families within the context of the community. The nurse provides services with respect for human dignity and the uniqueness of the client without consideration of social or economic status, personal attributes, or the nature of their health problem. Nursing utilizes a unique body of knowledge based on theory, practice and research utilizing facts and concepts from biological, social, physical and behavioral sciences. From this body of knowledge, nurses provide nursing care through the four primary roles:

I. Member of the Profession:
The student/nurse exhibits behavior that reflect commitment to the growth and development of the role and function of nursing consistent with state and national regulations and with ethical and professional standards; aspires to improve the discipline of nursing and it is contribution to society; and values self-assessment and the need for lifelong learning.

II. Provider of Patient-Centered Care:
The student/nurse accepts responsibility for the quality of nursing care and provides safe, compassionate nursing care using a systematic process (known as the nursing process), of assessment, analysis, planning, intervention, and evaluation, through the utilization of evidence-based practice, that focuses on the needs and preferences of the individual and his/her family while incorporating professional values and ethical principles into nursing practice.

III. Patient Safety Advocate:
The student/nurse promotes safety in the individual and family environment by: following scope and standards of nursing practice; practicing within the parameters of individual knowledge, skills, and attitudes; identifying and reporting actual and potential unsafe practices while complying with National Patient Safety Goals for reducing hazards to individuals in the healthcare setting.

IV. Member of the Health Care Team:
The student/nurse provides patient-centered care by collaborating, coordinating, and/ or facilitating comprehensive care with an interdisciplinary/multidisciplinary health care team to determine and implement best practices for the individual and their families, including the provision of culturally sensitive care. (Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs), Texas Board of Nursing, October 2010). (ACC, 2014)

The context of nursing and nursing practice are provided through these identified roles. The systematic nursing process is the foundation for nursing practice in which the provider of care, performs an assessment, formulates a diagnosis, implement a plan and evaluation of plan while collaborating with individuals, their families and the interdisciplinary health care team.

The interpersonal profession of nursing is characterized by the implementation of the nursing process, management of rapidly changing circumstances, clinical competency, effective communication and documentation, use of nursing informatics to promote quality improvement, personal accountability and responsibility and a commitment to the value of caring.

Individual

We believe an individual *to be a* complex living being, in which physical, psychological, cultural and spiritual health processes are in constant interaction which provides the capacity for change. Individuals have inherent worth, dignity and autonomy in health care decisions. Respect for differing viewpoints, opinions, beliefs, and cultures are encouraged.

Learning

SUEP believes learning to be an active process characterized by a change in behavior, insights, and perceptions that allows students the ability to acquire and apply knowledge. Faculty guides the learners by providing positive experiences that assist in meeting the expected outcomes of the nursing program. Students are encouraged to exhibit a responsible attitude and commitment to acquiring the knowledge, skills necessary to meet the outcomes of the nursing program. The nursing faculty act as facilitators and role models responsible for the recognition and support of each student's unique qualities, background, skills, and learning style.

Students participate in learning through course activities that integrate previously learned concepts with newly acquired content. Self-motivation and responsibility are essential elements in the learning process. Clinical

reasoning, and utilization of nursing informatics are necessary skills that must be developed by the student in order to access and evaluate information. While in the patient care setting the student must exhibit the ability to assess and effectively apply information to the nursing process to promote quality care and health improvement.

Nursing Education

The purpose of a nursing education is to prepare graduates with the knowledge, skills and attitudes necessary for licensure in a rapidly changing profession in a technological age. Education is the key component of lifelong learning. The faculty designs and implements a current and relevant curriculum guided by community needs, professional organizations, accrediting bodies, and national and state governing bodies and evaluated by the Systematic Plan of Evaluation (SPE).

The instructional processes are reflective of interdisciplinary collaboration, research, best practices and standards of nursing and medicine while allowing for innovation, flexibility, and technological advances.

Student Handbook

The student handbook is not included in the faculty handbook however: it is the responsibility of faculty to review with nursing student's (on the first day of class) policies, procedures assignments and clinical mandates in an effort to enhance their ability to succeed. Faculty as a courtesy may place announcements in SU Learning to remind students of events.

Faculty Resources

- Computer accessibility
- Simulation Equipment and Scenarios
- SU Learning
- Skills Lab
- Library Support and Reference Textbooks
- HESI Division of Elsevier
- Nursing Book Vendors
- Support from all SUEP Departments

BSN Essentials

Relationship between the BSN Essentials and the BSN Program Outcomes.

Course Number / Course Title	BSN Essentials
NURS 1010 Evidence-Based Nursing Practice I	I, II, III, IV, V, VII, VIII, IX
NURS 1021 Evidence-Based Nursing Practice II	I, III, V, VIII, IX
NURS 2010 Contemporary Prof Nursing I	I, II, III, IV, V, VI, VII, VIII, IX
NURS 2021 Contemporary Prof Nursing II	II, III, IV, V, VI, VII, VIII, IX
NURS 3010 OSHA Healthcare Legal and Ethical Issues I	I, II, V, VI,VII,VIII, IX
NURS 3021 OSHA Healthcare Legal and Ethical Issues II	I, II, III,VII, VIII,
NURS 2033 Population Health/Community Nursing I	II, III, IV, V, VII
NURS 2045 Population Health/Community Nursing II	III, V, VII
NURS 3033 Nursing Information Systems & Quality Management I	II, III, IV, V, VI,VII
NURS 3045 Nursing Information System & Quality Management II	II, III, IV, V, VI
NURS 1033 Nursing Leadership and Management I	I, II, III, IV, VI, VII
NURS 1045 Nursing Leadership and Management II	I, II, IV, V, VIII, IX
NURS 4010 Population Based Care I	I, II, III, IV, V, VI, VII, VIII, IX
NURS 4021 Population Based Care II	I, II, III, IV, V, VI, VII, VIII, IX
NURS 5010 Geriatric Assessment I	I, II, VII, VIII, IX
NURS 5021 Geriatric Assessment II	II, III, V, VI, VII, IX
NURS 4033 Risk Analysis and Implications for Practice I	I, II,III,VII, VIII
NURS 4045 Risk Analysis and Implications for Practice II	II, IV, VI, VII, VIII

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Website Resources

https://evolve.elsevier.com

http://www.qsen.org

www.southwestuniversity.edu